MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Baltimore g. STATE b. COUNTY Md MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale transient RFD Whiteford d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P 3. NAME OF **First** Middle 4. DATE Loss Day Year DECEASED (Type or print) William Eilgie Allison DEATH 22 19 57 Mav 5. SEX 6. COLOR OR RACE 7. MARRIEU THEY BE MARRIED 1918. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. Male White Months Hours Min. WIDOWED T DIVORCED -10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ruck Driver MON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INEGRMANT 212-30-2754 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushed Skull -- Auto Accident Inst IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? NOF 200. EXTERNAL CAUSE WAS PRIMARY 49 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Pinned in cab of truck which ran into tractor trailer 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while Medical Mid Rosedale Ralto 19 57 at work of work street 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection T Inquiry and find that death resulted fram: Natural causes . Accident ... Suicide . Undetermined cause . Hamicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** 5-22-57 John C Hyle DEPUTY MEDICAL EXAMINER NAME (Type) Or W 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 01 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ssory, please exe-Page 4 should be necessory, Pages EXAMINER: writing ! MEDICAL DEPUTY

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 85 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY G. STATE b. COUNTY Baltimore Md MARYLAND b. CITY OR TOWN (If outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give necrest town! Essex Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? direct YES INO I 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 19 57 May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months male white Jan 14 1936 WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

Steel Worker

Beth Steel

Baltimore Co 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Ammoms Josephine ? Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Josephine Ammoms 7657 Dumbar Road Give 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), } INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: farm IMMEDIATE CAUSE (a) 2 Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 206 DESCRIBE HOW INJURY OF CURRED. (Ehler notuce of injury in PANIOR Party of trook.) Sp HIT a TribUU GIFF UN ESTIMATION OF MILE 200, EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING 
CAUSE OF DEATH. Exami 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) (2) 195 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that to the Chief ! Accident A death resulted from: Natural causes ... Suicide Homicide . Undetermined cause Y MEDICAL certificate, ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER BAERMANN cute the DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. tocation (City, town or county)
Baltimore Co (Stote) REMOVAL (Specify) 0 burial 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. AISME(S) DATE 5M 9/55 Wilrich Funoval Home A210 Relain Road

7201 4 NUI

MERCEING

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

04837

	200	)4	CERTI	IFICA	IE OF DEATH	1		Reg. Dis	l. No.	
Baltimo	re		MARY	rland	2. USUAL RESIDENCE (WO o. STATE Maryland	here deceased	lived. If institution b. COUNTY	on: Residenc	e before a	(noissimb
b. CITY OR TOWN ( RURAL and give n	If autside corporate limit earest town)	s, write	c. LENGTH OF STAY		Balt.1		ate limits, write RI	URAL ond g	ive nearest	town)
OR INSTITUTION	AL (If not in hospital, gi				d. STREET ADDRESS				0	RESIDENCE
	Grove State	Hos	pital		1905 Wilh	elm St			YE	S NO
B. NAME OF DECEASED (Type or print)	fin Tr	ess1	Middle		Anderson	4. DATE OF DEATH	Mon 5	th	Oay 23	Yeor 19 57
. SEX	6. COLOR OR RACE			ED	DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF L	INDER 24 HRS
M	W	WIDOWI	ED DIYORCE	0 🗆	7-13-05		lost birthday)			ours Min.
during most of wor	ON (Give kind of work d king life, even if retired) Salesman	lone 10b.	Automobil	r inoust Les	RY 11. BIRTHPLACE (Stole Marvlan		ountry) ,	12. CITI	ZEN OF W	HAT COUNTR
3. FATHER'S NAME	salesman.				14. MOTHER'S MAIDEN I				001	
Alongo	Anderson					_				
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	), 17. INI	Iillie Mu	工兵類	Addi	ress		
Unknown	(if yes, give wer or deter of se	rvice]	18-09-0768		arles Anders	on		arclay	st.	
Conditions, if a gave rise to i couse (a), stating lying couse lost.  Part II. OTI	mmediate the under-		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY ERFORMED?
	MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O		(Enter nature of injury in		II of ilem 1B.}		YES	NO 🔀
20c. TIME OF INJUR Hour a. p. p. m.	Y Month, Day, Yea	white at work	Not while at work		E OF INJURY (Home, form ory, street, office bldg., eld		or town)	(Ci	ounty)	(Stote)
21. I certify th	at I attended the				, 19 <u>57,</u> ta					
	AD .		vacher		D		the causes a		e date s	tated abov

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Shelin Hickory

BUREAU V. S.

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.. IN SD 1821

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# Suneral director, Id be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a page 3 shauld bardetached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar present burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/5S

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4866 CERTIFICATE OF DEATH

Reg. Dist. No. 839

3. NAME OF PORTITUE  3. NAME OF POECEASED (Type or print)  5. SEX  MBLE  100. USUAL OCCUMUNING MOST OF MEDICAL OCCUMUNING MOST	Paradise a  JO  6. COLOR OR RACE  White  UPATION (Give kind af work of working life, even if retired)  To ME	ive street address ursing H nd Altam  II NATHAN  7. MARRIED WIDOWED Tone 10b. KIND C HOTE	Middle Se NEVER MARRIED [ DIVORCED [ DF BUSINESS OR IN	d. STREET ARCHE	Bali NODRESS 5311 R	Wayn	Mor Mor M. AGE (In years lost birthday)	nth ay	310	e. IS RESI ON A YES	DENCE FARM? NO (1) Year 9 57
3. NAME OF DECEASED (Type or print) S. SEX Male 100. USUAL OCCIduring most Rtd. Mg 13. FATHER'S NAM Thomas 15. WAS DECEAS	Fin JO  6. COLOR OR RACE  White  UPATION (Give kind af work of working life, even if retired)  Archer  EDEVER IN U. S. ARMED FOR	INATHAN  7. MARRIED  WIDOWED  Jone 10b. KIND C Hote	Middle Se NEVER MARRIED [ DIVORCED [ DF BUSINESS OR IN	ARCHE    B. DATE OF BIRT    July 7	531 <u>]</u>	4. DATE OF DEATH	Mar M. AGE (In years lost birthday)	ay IF UNDE	Da 23	ON A YES	ear 9 57
DECEASED (Type or print) S. SEX  Male  100. USUAL OCCU during mast of Rtd. Mg  13. FATHER'S NAV  Thoma S  15. WAS DECEAS	6. COLOR OR RACE White UPATION (Give kind of work of working life, even if retired) To ME Archer EDEVER IN U. S. ARMED FOR	NATHAN  7. MARRIED WIDOWED Cone 10b. KIND CONE HOTE	Se  NEVER MARRIED DIVORCED DIVORCED DE BUSINESS OR IN	ARCHE  B. DATE OF BIRT  July 7  HOUSTRY 11. BIRTHP	R H . 1875	OF DEATH	M. AGE (In years lost birthday)	ay IF UNDE	R I YEAR	IF UNDE	9 57
male  10a. USUAL OCCI during most Rtd. Mg  13. FATHER'S NAM Thomas  15. WAS DECEAS	White  UPATION (Give kind of work of working life, even if retired)  (Te  AE  Archer  EDEVER IN U. S. ARMED FOR	widowed [] fone 10b. Kind o	DIVORCED TO	July 7	1875	5	AGE (In years lost birthday)	IF UNDE		-	2011100
Rtd. Mg  13. FATHER'S NAM  Thomas  15. WAS DECEAS	of working life, even if retired From  Archer  ED EVER IN U. S. ARMED FOR	Hote			ACE (State of		81 yrs.		00/.	Haurs	Min,
Thomas	Archer EDEVER IN U. S. ARMED FOR				na.	fareign cou	niry)	12. C	ITIZEN O	F WHAT	COUNTRY?
IS. WAS DECEAS	EDEVER IN U. S. ARMED FOR			14. MOTHER"	MAIDEN NA	ME					
IS. WAS DECEAS				Mar	v E.						
	(If yes, give wor or dates of w		SECURITY NO. 1	7. INFORMANT	,		Add	Iress			
NO NO. ar unknown)		none		Mrs. Ru	th S. I	Archer	- 5314	Wayn	e Av	8.	
	DEATH [Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Ti.	o), (b), and (c).]	y co	Cen	in				RVAL BE	
gaye rise	Conditions, if any, which gave rise to immediate cose (a), stoting the under-										
lying couse lost. (c) Color Receipt for Bring & Edition of Gottenton											UTOPSY RMED?
2											NO Z
OR CONTRIB	NT WAS UNDERLYING  UTING  CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCU	RRED. (Enter noture	of injury in Po	rt I or Part I	l of item 18.)		72		
B Hour	INJURY Month, Doy, Yeo e. m. p. m. 19	While N	OCCURRED 20e. lot while	PLACE OF INJURY factory, street, office	Home, farm, e bldg., etc.)	20f. (City o	or town)		(County)		(State)
21. I certi	fy that I attended the	deceased fro	om July 10	1954	- 1 -	/	19.5				
alive on_a	may 4	1957	_, and that de	ath occurred at			the causes o		the dat		d above. TE SIGNED
ACTUAL SIGNATURE_	8/6/2	V750	- 67	M.D. 6	Em	7 5	fell	230		May	24/5
PHYSICIAN'S NAME (Type		VICO	0175	1000							
220. BURIAL, CRE REMOVAL (S Burial	MATION, 276. DATE THEREC	F 22c. I	Fernmon		2	2d. LOCATIO	ON (City, town,	or county)		(Stole	
	ECTOR'S SIGNATURE	. 01. /.	DDRESS 3	2017	24a. REC'D	BY REGISTR					E.

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uneral director, d be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar primary burial, cremation, ar remaval, and in any event within 72 haurs-efter death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4867

### **CERTIFICATE OF DEATH**

04840

<u> </u>	hag, bist, teo,
1.	PLACE OF DEATH o. COUNTY  COUN
	b. CATY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CHYOR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street offices) OR INSTITUTION OR INSTITUTION 1833 Linden (Use) VES   NO [V]
3.	NAME OF DECEASED (Type or print) KATE Middle ASKIN 4. DATE OF DEATH S- 4-19 57
5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  1 yes  WIDOWED DIVORCED Min.
10	O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTOPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during months of working life feven if retired) House Work SH
13	Frank Askur Jarah Belle
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.  (If yes, give war or dates of service)  (If yes, give war or dates of service)
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  DUE TO  INTERVAL BETWEEN ONSEL AND DEATH ONSEL AND DEATH ONSEL AND DEATH
	Conditions, if ony, which gave rise to immediate cortse (o), stoling the under-lying couse lost.    Due to   Due to
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  Ok. PLACE OF INJURY (Home, form, foctory, street, office bldg., elc.)  19  Ok. PLACE OF INJURY (Home, form, foctory, street, office bldg., elc.)
	21. I certify that I attended the deceased from
	ACTUAL DO 14
	PHYSICIAN'S UV. M. J. Shilling
20	SURIAL, CREMATION, 22b. DATE THEREOF 22 NAME OF CENETERY OF CREMATORY 22d. LOCATION (City, Joyn, or county) REMOVAL (Specify) 5-4-57 FILLY STEEL STEEL PARTY
23	MAY 6 37

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1 . 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.40/14
本方	4863 CERTIFICATE OF DEATH Reg. Dist	. No. 35
Poge	1 PLACE OF DEATH  o. COUNTY  RAITINIO RIP  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE	before admission)  TIMARE
death	b. CITY OR TOWN (If outside corporate limits, write RURAL and gir RURAL and give nearest town)  HEREFORD  21 YRS.  LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  HEREFORD	ve nearest lown)
s offer	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO N
24 hour ed in b	3. NAME OF First Middle Lost 4. DATE Month OF DECEASED.	Day Year
within ;	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years / IF UNDER 1 lost bjerthdoy)   Months   D	YEAR IF UNDER 24 HRS, Days, Hours Min
executed and comple in popers.	during most of working life, even if retired)	EN OF WHAT COUNTRY?
an ond corbon offer de	MERCHANT GEN. MERCHANDIST MARYLAND ( 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	Lisely
physical physical physical physical physical phones of the physical	TAMES UPTON A YRES MARY MULLINEA  15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   (If yes, give war or dates of service)   (If yes, give war	UX
ending release re	HO AMELIA-K-AYRES NIONKTON	
he ded e often en plen nt with	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OCCURRENT  OCCURRE	ONSET AND DEATH
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require: on: sit perm nd in a	gove rise to immediate course (a), stating the under- lying course lost.    Course	
physicie os beer iol-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	Ho) 19. WAS AUTOPSY PERFORMED? YES NO
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PHYSIC il or ath nis certi use as smation,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work	ounty) (State)
DING I hospito After the hed for rial, cre	21. I certify that I attended the deceased fram, MAY 15, 1957, to MAY 127, 1952, that I lo	
ATTEN by the CCTOR: CTOR: COTOR	actual signature M.D. France M.D. ADDRESS (Street, city or town, stote)	DATE SIGNED
ALOR A celained by ALDIRECTOR pauld by ror prin	PHYSICIAN'S A.M. FRANCE PARKTON Md	
MOSPIT moy be reposed the registing registing the registin	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City fown, or county]	(Stote)
O O O O	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	
15M 9/5S	WE COUL-TOWSON, INC- 1650 N. YORK RU. DATE 5/28/57 Chester &	· Fullan

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		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 1	04842
		4841 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 4/
M )	1.	PLACE OF DEATH O. COUNTY  Baltimore  MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Mary Land b. COUNTY	
90 3	Γ	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	b c. CITY OR TOWN (If outside corporate limits, write R	
nn		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3415 Yorkway	d. STREET ADDRESS 3415 Yorkway	e. 15 RESIDENCE ON A FARM? YES NO XX
; ;	3.	NAME OF First Middle DECEASED (Type or print) Mrs. Caroline M. Ballage	tost 4. DATE Mor OF DEATH	May 9th 19 57
	5.	SEX 6. COLOR OR RACE 7 MARRIED WIDOWED DIVORCED D		Months Doys Hours Min.
death.	16	i. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stobe or foreign country)  Baltimore, Marylan	d 12. CITIZEN OF WHAT COUNTRY
s after death	13.	FATHER'S NAME Ernest Meister	14 MOTHER'S MAIDEN NAME Greasm	ean
72 haurs		T AD DE UNIVERSANTE . FIF was must use dotter of services !	r. INFORMANT Add Vr. John V., Balladarsch,	1ress 3415 Yorkway
within a		18. CAUSE OF DEATH [Enter only and couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	ra of Armach	INTERVAL BETWEEN ONSET AND DEATH
ny even		151X DUE TO (Canditions, if any, which)	1	
i i		gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>   DUE TO   Column   Column		
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ar ren	CERTIFF	20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. While Not while at work at work	PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.)	(County) (State)
nrial, cr		21. I certify that I attended the deceased from MY- 7 alive an 2000 grand that dec	oth accurred at 1 2 M, from the causes	2, that I last saw the deceased
Ď,		SIGNATURE Lamel Harbur	ADDRESS (Street, city or town)	
should strar pri		PHYSICIAN'S Dr. Samuel Hankin		
page 3 s the regist	22	P. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY BURYAL (Specify) 5/13/1957 Holy. Rede	OR CREMATORY 22d. LOCATION (City, town, Baltimor	M / /
(4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LEONARD J. Ruck 5305 Harford Roc	24g. REC'D BY REGISTRAR 24b REGI	ISTRAR'S SIGNATURE
4.7				1/1/20



certificate

TELLA ELL

2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Manth May IF UNDER 1 YEAR IF UNDER 24 HRS Manths 12. CITIZEN OF WHAT COUNTRY? Hoerning Address Taylor PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY that I last saw the deceased ADDRESS (Street, city or town, slote) 22d. LOCATION (City, town, or county) M 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

e. IS RESIDENCE

Day

U. S. A.

Haurs

Days

(County)

Md.

ON A FARM?

YES NO TO

Year

1057

6

INTERVAL BETWEEN

ONSET, AND DEATH

PERFORMED? YES TO NO TO

(State)

(State)



V A		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4845 4871 Item 12 FilmG215 5-17-57 et CERTIFICATE OF DEATH Reg. Dist. No. 38
V	) SEE	1 NAME OF DECEASED (Type or Print)  2. DATE OF 578/57
	Iy and	3. PLACE OF DEATH  A Baltimore City, Maryland Balt, A Baltimore City, Maryland Baltimore City, M
	54 P	B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)   Occition   Occition   C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	file of no	INSTITUTION 405 Hapking Rd X0 Ballinger, township)  Yrs. D. STREET ADDRESS (If rural, give location)
	BALL of death	c Length of stay in Baltimore  Length of stay in Baltimore  Days  Mos.  146.5 + cpkens Rol
	causes of HIN THR	5 SEX 6 COLOR OR RACE 7. SINGLE, MARRIED. 8 DATE OF BIRTH 9 AGE (In year Hunder I Year Minder I Year
	or to	10A USUAL OCCUPATION (Give hand of work inglife, oven if retired)  10B. KIND OF BUSINESS OR INDUSTRY  WHAT COUN YI
T	V. 7. >	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ACK INK DO please write RECORDS V	15. NAS DECHASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
ORD.	ACK IN please RECO	(Yes, no or takatern) (If you, give war or dates of service) SECURITY NO John F. Battarker + C.5 Honkers Rd
REC	BLA S: p	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
MANENT	"ERMANENT BLACK OR BLUE-BLACK INI frefully supplied, Physicians: please "H THE BUREAU OF VITAL RECO	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  Arteriuselerotic Card.o Vascular  Jisaase  Disease
PER	CK o	
18 A	ENT BLACK supplied, E BUREAL	Z DISEASES OR CONDITIONS, IF ANY, GIVING O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST
THIS	NENT	ONIET OR ASST. MEDICAL EXAMINER.
,	VRITE 'ERMANE' Shouldrefully s FILE'H THE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE, OR, CONDITION, CAUSING, IT  HOSPING OR ASST. WEDICAL EXAMINER.  4 MO
6436	RITE hould FILE	OR CONTRIBUTING CAUSE OF About home, farm, factory, street, office bidg, etc.) INJURY OCCUR?
	P 1	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT
40	matic	22. I certify that (I) (this hospital) attended the deceased from December 1956 to
	information E MUST BE	May 8 1957, that (I) (we) last saw the deceased alive on 1957, and that death occurred at 6:10 9 mg from the causes and on the date stated above.
	of AT	23A. SIGNATURE LAD. Slynn M.D. 23B. ADDRESS Chare St 23C. DATE SIGNED 3/9/57
	item IFIC	ATTENDING PHYS. W MED. DIRECTOR STAFF PHYS S
	Every item CERTIFIC	Burea May 11-1957 New Cathedral Cemetern Clad Frederick Rd. Balte Md.
	HIS (	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  Haward Gray P. 25 FUNERAL GRECTOR ADDRESS  ADDRESS

TECEINED TO

BUREAU V. E.



W

Reg. Dist. No.

VS A15 (4) 15M 9/\$\$

	. COUNTY Baltimore MARY	LAND O. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorgy lown)	IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  **Parkxille**
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3105 Du Bois Avenue	d STREET ADDRESS / 3105 Du Bois Avenue e. 15 RESIDÊNCE ON A FARM? YES \( \sum \) NO [2]
	3. NAME OF DECEASED (Type or print) Mrs, Drucilla Dr	rene Behr 4. DATE Month 8th Doy Year 1257
	s. SEX   6 COLOR OR RACE   7 MARRIED   NEVER M	May 22, 1894 Oz yrs. Months Doys Hours Min.
/	105 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Stewarts	Baltimore, Moryland USA
	Harry Bowling	Florence Townsend
	15 WAS DECEASED EVER IN U. S. ARMED FORCES?    You ho, or worknown)   (II yea, give wor or darks of vervice)   213-28-375	Mr. Russeil Behr, 3105 Du Bois Ave.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	us, Breact Interval Between onset and death
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	us Fo Brain
j	ICATK	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
		CCURRED. (Enter nature of injury in Part I or Part II af item 18.)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 White of work of work	20e PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or town) (County) (State)
,	21. I certify that I attended the deceased from 19 57, and that signature Rollan January	death occurred at 10 40 M, from the causes and on the date stated above.  AMPESS (Street, city or town, state)  M.D. 7101 Harford Rd
	PHYSICIAN'S 7101 Houpord Re	1. Bolto: 14, md.
	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMI REMOVAL (Specify) 5/11/1957 Morelar	rd Mem Park Baltimore, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harford 1	Road #14 DATE 3/14/67 As a. Son Ature

LEGET AT AV.

VS A15 (4) 15M 9/55

04848

	1	4874	CERT	IFIC/	ATE OF DEATH	1	Reg. Dis	t. No.
1	o. COUNTY	urllo	MAR	YLAND	2. USUAL RESIDENCE (WE		If institution Residence.	e before admission)
	b. CITY OR TOWN HE eutride corporation of the representation of th	le	c. LENGTH OF STAY	IN 1b	C. CITY OR GOWN THE	outside confosațe lin	nits. Write RURAL and g	ive nearest town)
_	STATES OF HOSPITAL III not in h	ospitol, give street		n	d STREET ADDRESS	L'aste	m Line	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Diolic	4	den	Bell	4. DATE OF DEATH	Month Miles	Doy Year
5	male Chit	WIDOW		ED 🔲	B. DATE OF BIRTH	14 8	birthoof) Months	TYPAR IF UNDER 24 HRS. Doug Hours Min
h	DESTAL OCCUPATION Give kind during most of working life even	//	ALLOD	AT AT	ce Hod	ce y	nel 2	ZEN OF WHAT COUNTRY
		Bell		112	14. MOTHER'S WAIDEN	Duce		
35	. WAS DECEASED EVER IN U. S. ARI es. no. or unknown) (If yes, give wer o	er dates of service)			Times X.	Bell	Address / 8 4/7/	Charles
	PART I. DEATH WAS CAU IMMEDIATE	SED BY:		4	cardio 7	ailur	ε .	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) gove rise to immediate	(b) 2	ryoca	v401	iTin Chr	corrie.		Syra.
,	couse (o), stoting the under-	1 -			or hype			5.400.
FICATION	4 '	Gene	TAR Cor	tu	NOT RELATED TO THE TERMI	10.		1(0) 19 WAS AUTOPSY PERFORMED? YES NO
AL CERTI	200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHIEF, NOTIFY MEDICAL EXA	DEATH MINER)	27	0-	D. (Enter noture of injury in I			
MEDIC		19 White of wor	NJURY OCCURRED  Not while of work	for	ACE OF INJURY (Home, form thory, street, office bldg., etc.	1	n) (c	ounty) (State)
	21. I certify that I attend alive on STAGE				accurred at 3.25		causes and an th	ast saw the decease te date stated above DATE SIGNE
	PHYSICIAN'S JAME	S G. M	ARSTO	N,	516 C	BTHE	741.014	5r.
L	o. BURIAL, CREMATION, 22b. 87TH	nay 8,19	22c. NAME OF CENT	OC	ar Bill	22d. LOCATION (	City, fown, or county)	(Stole)
23	FUNERAL DIRECTOR'S SIGNATURE	und 9	ADDRESS 14	10 1	bharles 240. REC	AY REGISTRAN	26. REGISTRAR'S SIG	NATURE

is especially, important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE 0 correct age

A15-10-53

N SS

## 04849 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4849 CERTIFICATE OF DEATH

X X CERTIFICATI	CF DEATH Reg. Dist.	No. ',
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	· V
COUNTY BATERIORG MARYLAND	STATE W. UZ. COUNTY	
OR and give nearest town.  TOWN  (If outside corporate Town write IUBA). LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS 847-Malded. AUC	ADDRESS Q	07
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	(Year)
(Type or Print) Obhan F. RENNET	T OF DEATH MOLE	0- 1957
5, SEX:  6, COXOR OR  7, SINGLE, MARRIED,   8. DATE	OF BIRTH: 9, AGE last birthday IF UNDER 1	EAR . IF DHOUR 24 Hos
HELLA (1) to WIDOWED, DIVORCED, Cula		Ays Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired):	0/0000 11/1/2 11/1/2X	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	WST.
13. PATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	,
	IREFLEN	·ol.
15. Was Deceased Ever In U.S. Armed Forges:   16. Social Security No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	FRZINK B. fultous- 84	7. Nil Nums
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4 1 X	and her self last	16 hours
IMMEDIATE CAUSE (A) Diverción q  DUE TO	Control of the Contro	7 110-40
ANTECEDENT CAUSE (S)	1 to 1 0 1	Ay.
GIVING RISE TO THE ABOVE CAUSE DUE TO	least a Card o Van wer direct	- 1 yu
STATING UNDERLYING CAUSE LAST.		
X014.0 (C)		1_
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	( ) A-	
DISEASE OR CONDITION CAUSING DEATH.	mia krnoheli chemic	3 400
19A. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATIO	N //	20. AUTOPSY?
		YES NO TO
ALL ACCIDENT WAS INDEDIVING TO 219 DI ACE /Home form for	tory, 21c. WHERE DID (City or town) (Count	(54-4-)
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (Count, etc., INJURY OCCUR?	y) (State)
21D TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2 1F. HOW DID INJURY OCCUR?	
OF INJURY While While		
	'	
22. I hereby certify that I attended the deceased from 1.2/-	23, 1922, to	saw the deceased
alive on5. /9 , 195.7., and that death occurred at	6 A M, from the causes and on the date s	stated above.
SIGNATURE		E SIGNED
Louis sement !	1. D. 1437 Fueloge ( 4000, Med 3	5/9/57
23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)	oto 14/1/2 /1/1/2	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGISTRATION OF THE STATE OF TH	X 19/11/-16 to 190 5	1 00.
-/10/0 / 1/11 / verigy	mygoest Noo Out	an pelle

CEGI TO THE TENT

EUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CENED EN

BUREAU K. E.

CERTIFICATE OF DEATH

1)4	85	2
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	0	48	77		CERT	IFIC/	AIE O	F DEAT	H		Reg. 0	Hit. No.		COUL
1.	PLACE OF DEATH o. COUNTY Ball	timore			MAR	YLAND	2. USUAL 2. STAT	RESIDENCE (W	/here decease	d lived. If institu b. COUNT		ence belo	re odmiss	ion)
	b. CITY OR TOWN (IF RURAL and give nec Catonsvil	nest town)		7	TH OF STAY	Y IN 16	c. CITY	OR TOWN (H		rota limits, write	RURAL ond	give dec	arest fowr	1)
	d. NAME OF HOSPITA OR INSTITUTION 22 Locust		ive street (	oddress)				ocus. t	Drive		/			IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Willi		E.	Middle	B <b>la</b> l	(e)	Lost	4. DATE OF DEATH	May	10,1	L957		Year 19
	sex Male	6. COLOR OR RACE	7. MARR		DIVORC		B. DATE OF	23,18	78	9. AGE (In years last birthdoy) 78 yrs	Months		Hours	Min.
10	GUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	1		BUSINESS				e or foreign o		12. C	ITIZEN O	F WHAT	COUNTRY?
L	FATHER'S NAME	<del></del>					Un	HER'S MAIDEN	NAME					
	. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of t		SOCIAL S	ECURITY NO		NFORMANT	rgaret	V.Bl	Ad 22, exe	dress LOGI	ıst	Dri	70
		TH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (c					Heart	Diseas	e			ONS	RVAL BE ET AND YPB	DEATH
	Conditions, if on gove rise to im	y, which ) th												
	lying couse lost.	he under-	)		TING TO D	PAYLI 0117	ALOT DELLA	70 70 707 750				<u> </u>	0.1445	4 I I WO DO L
CERTIFICATION	20g. ACCIDENT WAS	ER SIGNIFICANT CON								t II of item 18.)	VEN IN PA	K1 1(0) 1	PERFO	RMED?
		CAUSE OF DEATH MEDICAL EXAMINER)		VIURY OF			<u>'</u>	JRY (Home, for				15		10000
MEDICAL		19	White of work	k   Not	while vork	fo	clory, street,	office bldg., et	(c.)			(County)		(Stote)
	alive on May	at I attended the				t death	accurred	l at 3:20	ADDRESS (S	n the causes treet, city or town	and an	the da	te state Di	
	PHYSICIAM'S NAME (Typo)	E 5.	G	AVE	= P		M.D		DILL A	ve., Bal	FIROR		a5	/ <b>T</b> 1/5/
	BURIAL, CREMATION REMOVAL (Specify) Burial	May 13		Б	udon		R CREMATO	RY		IION (City, town.	or county)		(Stote	0)
H	E FUNERAL DIRECTOR'S	signature	OI E	dmor	DRESS 1 <b>d.801</b> 1	Ave			MAY 14	RAR 245 REG	ISTRAR'S S	IGNATUS	E	

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar py burial, crematian, or remayal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SS

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BVIBDEIN FREE ST YAN

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4878 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Maryland Baltimore c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fort Howard 71 days Baltimere d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 1425 Mesher Street YES NO NO Veterans Administration Hospital NAME OF 4. DATE Middle Month Day Yeor DECEASED DEATH (Type or print) NMI 38 JAMES BLANEY May 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) Months Days WIDOWED [] DIVORCED papers. MALE COLORED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. and Produce Business e go Huckster Marvaand 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician TERRANCE BLANEY VIOLA SMALLWOOD томе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Clin. Rec. Vets . Admin. Hospital. Ft. Howard. Md. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ANAPLASTIC CARCINOMA OF STOMACH WITH METASTASES MONTHS DUE TO Conditions, if ony, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED? YES 🔀 NO 📋 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH os the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City or town) (State) (County) factory, street, office bldg., etc.) Hour g. m. While Not while at work at wark 19.57 MGKKIGKISKAWAHEREKESKAWA May 18 21. I certify that A attended the deceased fram March 8 polities concern with the causes and an the date stated above. ADDRESS (Street, city or lown, state) DIRECT ACTUAL SIGNATURE Veterans Administration Hospital 3 should PHYSICIAN'S registrar FORT HOWARD, MARYLAND ARMEN BOGOSIAN, M. D. NAME (Type) FUNER 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) page REMOVAL (Specify) Balto., Baltimore National Maryland Burial 9 FONERAL DIRECTOR'S SIGNATORE ADDRESS 24g. REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE 1SM 9/55 G. KELSON FUNERAL DIRECTOR, 1348 N. Calhoun St. Balto., Ma.



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

certifical for executed by the attending physicial and completely filled with certifical assembly should be detached for use as a burist transit permit.

be retained by the Bospital ar allending physician.

PHYSICIAIN

The bottom copy TO FUMILIAL DI certificals Fill A15C 1-55 10M~

third copy of this

hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04853

Reg. Dist. No. .....

## 4879 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY BALTIMORE MARYLAND	STATE MD COUNTY				
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (II outside corporete limits, write RURAL end give necrest town)				
OR end give neerest lown) TOWN  ATCIVE LAFE  (In this place)	TOWN POST AND TO				
HOSPITAL OR	BALIFICKE				
INSTITUTION OR	STREET (If rure) give location) ADDRESS				
STREET ADDRESS CATON RIDGE NURSING HOME	10 N WOLF E STREET				
3. NAME OF (First) (Middle) DECEASED.	(Lest) 4. DATE (Month) (Dey) (Year)				
THYPREY ISABELL EISLER	BLUME DEATH MAY 15 1957				
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF					
FEMALE WHITE (Specily) MARRIED OCT	28 1884 72 yrs. Manths Deys Haurs Min.				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
retired) HOUSE WORK AT HOME	FROSE BURG MO U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
WALTER SCHREIBER	MARY				
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
(Yes, no, or unk.) (If Yes, give wer or detes at service)	WILLIAM R BLUME ION WOLFE ST				
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH				
11/11/2000/11	1) infarction 1 day				
MMEDIATE CAUSE (A) THIS CUITATION	7 111-49 (0110)				
DISEASES OR CONDITIONS, IF ANY, (B) MURENTENSIVE ATTE	no coloretta Condiniasolal asan				
GIVING RISE TO THE ABOVE CAUSE	TO SCIETUIC CHOTON WANTED I				
STATING UNDERLYING CAUSE LAST. DUE TO	Ruia 3 WKs				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	YES NO				
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, Jerm, Jectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (State)				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While At work st work	11. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from	7 10 57 to Maix: 15 10 57 that I had save the deceased				
	10.5. M, from the causes and on the date stated above.				
SIGNATURE SIGNATURE	ADDRESS (Street, city, lown, state) DATE SIGNED				
Secret Fauton MO. 4	116 Estem Mickson an May 151957				
	REMATORY LOCATION (City, town, or county) (State)				
BURIAL MAY 18 1957 CEDAR HI	ILL CEMETERY RICHIE HLY MD				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
DATE MAY 17 '57 Allthedrich	Dethal BUD 1800E LAMBARO ST				
	// /				



BUREAU V. E.

1501 LI NV.

BUREAU V. L.

DECEIVED 741

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEINED

Baltimore, Md.

death;

HOSPITAL

BUREAU V. A.

US VIDOSIA

22c. NAME OF CEMETERY OR CREMATORY

St. Paul Street

St. Peter's Cemetery

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

DATE MAY 21

Baltimore, Maryland

24b. REGISTRAR'S SIGNATURE

(Stote)

retained by the IAL DIRECTOR: O FUNERAL DIRE O VS A15 (4) 15M 9/55

death.

220. BURIAL, CREMATION, 22b. DATE THEREO!

Inc.

1217

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

William Cook.

Burial

BUREAU V. S.

	MARYLAND STATE DEPARTMENT O	0425
	4884 CERTIFICATE C	PEATH Reg. Dist. No. 4
N T	PLACE OF DEATH o. COUNTY Baltimore  2. USUA o. ST/	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) ATE  Baryland  COUNTY  Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  111 (19)  33 785	TY OR TOWN (If outside corporate timits, write RURAL and give nearest town)  TENERS. Joint (17)
_	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  CTtreet	REET ADDRESS  e. 15 RESIDENC ON A FARM YES NO
3	3. NAME OF First Middle DECEASED (Type or print) C C	Losi 4. DATE Month Day Year OF DEATH 110 TO 19
S	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE O	
/ 7	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  THE KER 11. 8	PIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY  (1.3.19.
		THER'S MAIDEN NAME  ARAH SEHTON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (If yes, give were or date of service)	BRINKMAN 207 Lt., 110.19
	18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which  gove rise to immediate  cotte (a), stating the under	tic Cardio Vascular Pier 8-10
Circle State	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELA  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  URL CONTRIBUTING CONTRIBUTION CONTRIBUTI	PERFORMED YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF IN	UURY (Home, farm. 20f. (City or town) (County) (St., office bldg., etc.)
	21. I certify that I attended the deceased from 19 and that death occurred actual signature 19 ACTUAL SIGNATURE 19 A.D. 9	ed at / M, from the causes and on the date stated at ADDRESS (Street, city or Jown, stote)  DATE SI  D
2	PHYSICIAN'S DOLLI & DISCENS M.D.  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATERY OF CRE	ORY 22d. IOCATION (City, town, or county) (State)
2	23. FUNJERAL DURECTOR PSIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 2 21/47 Mm mm m m

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04863 **CERTIFICATE OF DEATH** 4889 Reg. Dist. No. director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY be filed 5 COUNTY Mr ryland Balti cre MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Raltimore Evr6mth18dvs Catensville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 25 SPFING GROVE STATE HOSPITAL 466 E. Cross St. YES NOF NAME OF First Middle 4. DATE Month Day Year OF DEATH 19 57 Campbell (Type or print) Thomas 20 James May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS commletely Months Days white Hours male July 12. 1881 DIVORCED TX carban papers. WIDOWED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Ohio puo iran worker 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Mary Ellen Jones James Campbell SINDL remove 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address STATE HOS I' AL 217-01-8292 Records: GROVE unknown attending eose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ם PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO Arteriosclerosis, generalized and severe permit. Conditions, if any, which ; ony signed gove rise to immediate **DUE TO** couse (a), stoting the underpup lying couse lost. burial-transit PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port If of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. It. foctory, street, office bldg., etc.) While Not while p. m. of work of work May 20 19 57 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 11:50aM, from the causes and on the date stated above. alive on ö ADDRESS (Street, city or town, state) DATE SIGNED clines ACTUAL SIGNATURE STATE HOSPTTAL DIRE d by TO FUNERAL I shoul PHYSICIAN'S Stella Wachsler. M. D. NAME (Type) Catonsville 28. Maryland 220. BURIAL, CREMATION, | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) BREMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE 15M 9/55

hours after death. Page

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-BA	LTIMORE, 18
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4890 tems 11,1 CERTIFICATE OF DEATH

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									Man. DI	DIO 140.		
1. PLACE OF DEATH o. COUNTY	Baltimore MARYLAND			2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY								
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g			give negrest town)				
	sville		lyrllhth2	7dys	Baltimore 5/1.4				*			
d, NAME OF HOSP	ITAL (If not in hospital, g	ive street	oddress)		d STREET AD					e	IS RES	DENCE
OR INSTITUTION SPR NG	GROVE ST	ATE	HOSPITAL		2608 R	osew	ood Ave	enue				FARM?
3. NAME OF DECEASED	Fir	te	Middle		lost		4. DATE	Mon	th	Day	,	fear
(Type or print)		rry			Capl	an	OF DEATH	Ma	V	23		19 57
5. SEX		7. MARI	RIED NEVER MARRI	ED 📆	8. DATE OF BIRTH		9	. AGE (In years lost birthday)	IF UNDER			
male	white	WIDOW	ED DIVORCE	D 🗀	:18.8			70° yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	TRY 11 BIRTHPLA	CE (Stote d	or foreign cou	infry)	12 CIT	IZEN OF	WHAT	COUNTRY
waiter	arking lite, even it retired	'			υ	inkno	WIL 22		2	2		V
13. FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME		-1			
unknow	n			_			unkno	wn.				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. B	NFORMANT			Add	ress			
(Yes, no, or unknown) unknown	(If yes, give wor or dates of s	ervice)	unknown		cords: S	PRIN	G CROVI			PITA	Τ.	
	ten fe				cords, c	LT VETTA	d dto 11	O U IMIL	1,00			
	ATH [Enter only one co FATH WAS CAUSED BY:					_					VAL BE	DEATH
10010	IMMEDIATE CAUSE (o	A	rterioscler	otic	cardiova	ascul	ar dis	0856				
422	DUE TO											
Conditions, if		, Ai	rterics cler	osia	, genera	lized				1		
gove rise to couse (o), stating												
lying couse lost		)										
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T I(o) 19.	WAS A	AUTOPSY
43 43	70.0										PERFO	NO 1
OR CONTRIBUTING	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY O	CCURRE	). (Enter noture of	injury in P	ort I or Port I	1 of item 18.)				
20c. TIME OF INJU	10	While	NJURY OCCURRED Nof while	20e. PL/ foc	ACE OF INJURY (He tory, street, office I	ome, form, oldg., etc.	20f. (City o	er fown)	(0	ounty)		(Stote)
	that I attended the			1 5	10 57	to M	ay 23	19 5	746-41	last	. 41	da a a = (
	ay 23,											
dilve dilE			*					tne causes c let, city or town,		ne date		id abave. LTE SIGNED
ACTUAL	Stella	Wa	carles		SPRI	ING O			OSPII	AL	5.	-23-57
					w.D.			***************************************				
PHYSICIAN'S NAME (Type)	Stella Wa	chsle				onsy	ille 2	8 Md.				
220. BURIAL, CREMATI REMOVAL (Specif	ON, 226. DATE THERECO	157	22c. NAME OF CEMI	ETERY O	CELL TO		22d. LOCATIO	ON (City, town, o	or county)	rd	(Stote	
23. FUNERAL DIRECTO	R'S SIGNATURE	1 -	ADDRESS	,	selle,	4o. REC'D	BY REGISTR	AR 24b. REGIS	TRAR'S SIC	MATURE	•	
MAG TEM	MORK HOLL	3 194	9 1124-26	- 701	Model	DATE	v 27 '5	ZIRIE	0811			

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ADDRESS.

Harford Rd. Balto. 14 Md DATE

24a, REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

Wm/Cook-Blight.Inc. 6009

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Harford Rd Balto Md

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Reg. Dist. No.

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n. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Res a. STATE TO b. COUNTY B:	altin pro
	Lyrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL of Gray Manor	
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospi		d. STREET ADDRESS / 2706 North Point Road	e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF First DECEASED (Type or print) Barbars	Middle (0)	ZLRR 4. DATE Month DEATH May 3, 19	Day Year
female white widowed		DATE OF BIRTH PORC. 6, 1830  9. AGE (in years lest birthdoy) 76 yrs.	ER TYEAR IF UNDER 24 HRS. Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	at horre		TIZEN OF WHAT COUNTRY
Frank Cizler		14. MOTHER'S MAIDEN NAME Barbara Posic	3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, 50 (Yes, na. or unknown)		hn Cizler, 2706 North to:	int Ad.
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   Commediate Cause (b)	ubrail WEIRIUING TO DEATH RUE N	Hemen has	ONSET AND DEATH  ACT VALUE WAS AUTODESY
20g, EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING COURSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d, IN Heur g, m. While	HOW INJURY OCCURRED. (E.	nter noture of injury in Port I or Port II of Item \$8.}	PERFORMED? YES NO 2
21. I certify that I took charge of the redeath resulted from: Natural causes Actual SIGNATURE  EXAMINER'S	<u> </u>	ide, Homicide, Undetermined cause [	
220. BURIAL, CREMATION. 22b. DATE THEREOF 2 REMOVAL (Specify) 5/3/57 23. FUNERAL DIRECTOR'S SIGNATURE DO DITIOLOGY FUNERAL CO. 2001—3-5 L. adjson st.	c. NAME OF CEMETERY OR St. Joseph ADDRESS Inc.	CREMATORY  22d. LOCATION (City, lawn, or county s Cem.  Petersburg, Va.  240. RECO BY REGISTRAR 245. REGISTRAR'S	•

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. A15ME(5) 5M 9/55

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DIRECTOR PL S d · COUNTY

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401 14	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M	THE 3: G 216 5 49/57 -L CERTIFICATE OF DEATH Reg. Dist. No. 38
Page I	1. PLACE OF DEATH o. COUNTY  Baltimere  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE  Maryland b. COUNTY b. COUNTY
death; uneral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  RURAL and give nearest lown)  Towser  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Edgeweed
by the f	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Codd Convalement Home  d. STREET ADDRESS ON A FARM? YES NOT
4 hay	3. NAME OF DECEASED (Type or print)  JOHN THOMAS CROWE  Middle Lost  4. DATE OF DEATH OF DEATH 19  Yeor DEATH 19
Po P	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  White  Widowed Divorced Divorced 1, 1878  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS loop) 1/2 Individual North Days Hours Min.
te be executed sion and camplet corbon popers.	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Retired—Steamfitter  Plumber  Penna.  12. CITIZEN OF WHAT COUNTRY USA
h and nrbon liter de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicion physicion imave cor hours offu	Michael Crewe Mary Lanning
72.9	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Neme Neme Neme Family records
the deoth ce ne ottending then please re ant within 72	18. CAUSE OF DEATH [Enter anly one cause por line fap (a), (b) and (c)]
the off	IMMEDIATE CAUSE (a) WWE I COM MANDOWE WALL TO COLUMN
\$ ## a	422.1 DUE TO Disease (utoriosclavaria)
uires the	Conditions, if any, which gove rise to immediate DUE TO
requi	lying couse last.
rsic rsic bee	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES \( \sigma \) NO (4-5)
ng phy ng phy e has buriol-	YES NO LA
tending froote the bu	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.)
ENYSIC of or of his cert r use as emotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  P. m.  19  20d. INJURY OCCURRED White Not while at work at work.
Spit fier d for	21. I certify that I attended the deceased from 5-15, 1957, to 5-16, 1957, that I last saw the deceased
END he ha R: A ache oche	alive on 5-16, and that death accurred at 934 M, from the causes and on the date stated obave
CTO CTO	ACTUAL SIGNATURE AUTOLOGY (Street, city of Joyan, store)  ACTUAL SIGNATURE AUTOLOGY (STORE)  ACTUAL SIGNATURE AUTOLOGY (STORE)
ined by DIRECT Id be d	(1) (1) (1)
DE retained VERAL DIRE 3 should be egistrar prio	PHYSICIAN'S LAURENCE C. POST Ballimore 12 Md.
May be retained by FUNERAL short file registrar	220. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATORY BURIAL (Specify)  May 18,1957  St. Mary's Cemetery Wilkesbarre, Penna. (Stote)
VS A1S (4) 1SM 9/SS	FLARAL DIRECTOR'S SIGNATURE ADDRESS TOWN, Towson, Maryland  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OF THE PROPERTY
130177	The state of the s



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BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4897 **CERTIFICATE OF DEATH** Reg. Dist. No. with M directar PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE **b** COUNTY MARYLAND Baltimore Maryland. Balto. hours after death. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Catonsville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5904 Harford 5904 Harford Ave YES NO NAME OF Middle 4. DATE Last Month Day Yéai DECEASED 20 (Type or print) Catherine Dailey DEATH MAV 57 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED WIDOWED | papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Md. puo None None carban 13. FATHER'S NAME afte 14. MOTHER'S MAIDEN NAME physician Matilda Henry Kuester HOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Catonsville 28. nding Mrs George Lindner 5904 Harford Ave 1B. CAUSE OF DEATH [Enter only one cause per line for 6], (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MIRLENDRER Mont 10 Mc05 IMMEDIATE CAUSE (a) / / 4-**DUE TO** á Conditions, if ony, which (b) gove rise to immediate **DUE TO** corse (o), stoting the underlying couse lost. RTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 119 19, WAS AUTOPSY PERFORMED? YES | NO | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) ä (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not white ot work at work D. m Accember, 1956, to May 26 and that death occurred at 9 - P. M. from the 21. I certify that I attended the deceased from 1922, that I last saw the deceased P.M. from the causes and an the date stated above. DATE SIGNED DIRECT ACTUAL SIGNATURE ڡٞ 70 RAL E PHYSICIAN'S 4508 Edmondson Village, n. C. MacLaughlin. NAME (Type) FUNER/ 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Burial Loudon Park Cemetery Raltin 5 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Directors, 4101 Edmondson VS A15 (4) 15M 9/55



		dt	em 20b Film 216 6-7747 Barriage DEPARTMENT OF HEALTH—BALTIMORE, 18 05755
8	1		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 41
havid		ī,	PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1	~	BALICI MARYLAND S. COUNTY
Page			b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  OND RLP  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
director.	, 2	-	d. NAME OF HOSPITAL OR ORSUITUTION HATOLIN HOSPITAL GIVE street address)  TANS BURY RATE MERRITT BLVD: 2316 W. Lanvalle St. VED NO 18
meral yaur fi		3.	NAME OF First Middle Last 6. DATE Month Day Year OF DECEASED (Type or print) Chester a DAVIS DEATH MAY 29 1957
the fu		5,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years In UNDER TYPE IT UNDER 24 HRS.
d 3 to		, 10	to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
and and	1		menester of Construction sunder S: C. U.S
2 m 2 m	(	L	Frank Davis Phyllis Drummand
Page File px	ノ	, P	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  M. no. or unknown)   [If you, give wor or dates of services]   16. SOCIAL SECURITY NO. 17. INFORMANT  M. no. or unknown)   2.3 /6 W Lance  3.5 /6 W Lance  4.5 /6 W Lance  4
i. K. S.	ì		18. CAUSE OF DEATH [Enter only one cause for fine for (a), (b), and (c).]
ora 18			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cres there In wing - Ken T 10 min
in He	b		Conditions, If ony, which) #13
and v			gave rise to immediate cause (a), stating the underlying  DUE TO
0 e 5 e			couse last. (c)
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he wor col Ex 3 shou	đ	, #	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)  While Not while (Stote)
Medi Page		" / <sup>2</sup>	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
Chief Chief TOR:			death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
tificat To the DIRPS	k R		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
ote the cer orwarded FUNERAL r remayal.	O(		EXAMINER'S JACK COLLINS, M.D. DEPUTY MEDICAL EXAMINER D
forw forw or re		72	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Semoval (Specify) 6-3-57 alte Mod
S. A15ME(S)	ν	23	FUDERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
SM 9/55		12	Samuer 11, Dullwar of 1/3000 DATE 3/31/57 0m. Delly

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1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 $()$ $\frac{4}{2}$ $\otimes$	72
4 8 ú	11	2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	· ·
should b	(M	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before on	desirate
pleo. 4 sho	1111	生	a county Baltimore MARYLAND O STATE mo 6. COUNTY Baltim	man and a second
sory, age riol			b. CITY OR TOWN III outside corporate limits, write BURAL ond give nearest companye nearest form)	town) -
F. T.			d. NAME OF HOSPITAL OR INSTITUTION (If por in hospital, give street oddress) / d. STREET ADDRESS	RESIDENCE
by is a directo iles. prior	0		and on the last of the property of the property	N A FARM?
y defe seral sour fi gistrar		3.	NAME OF DECEASED (Type or print) (Type or prin	Year
If on for )		5.	SEX 6. COLOR OR RACE 7- MATRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN 1909 IF UNDER TYEAR IF UT	
3 to if roined with if		7	months of the WIDOWED DIVORCED   Dec 17, 1885 7/ yn. months boys	
ond 3 v ond 3 v ond 2 v	( T	χľ	du USUAL OCCUPATION (Give bind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY III. BIRTHPLACE (State or foreign country)	LT COUNTRY?
£ , 0 -		13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
thour oges l oges		3.6	William Every (Bonne & Cot) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. RUGGMAND	n all
hin 24 live Pog Poge File po		S IV	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service)  Address Montager 9.2 21 Hallism Montager 9.2	L. Rel
PAG.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WEEN DEATH
uted m 18 prm			PART 1. DEATH WAS CAUSED BY I IMMEDIATE CAUSE (6) 17-5-6-V- DISEAS-C	
exect the feath of			443 X DUE TO	
Signal Si			Conditions, If any, which pover rise to immediate couse	
pend along			(o), stoting the underlying DUE TO	
fice sign		Z		S AUTOPSY
ding sed		CATION	DIABETES MELLITUS	FORMED?
is cer d'iper miner		CERTIF	20b. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW HUJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
R: Ti work		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY DOCURY DO 1906. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
MINE a the sodico		MED		
EXAM			The same and the s	d find that
			death resulted fram: Natural causes . Accident ., Suicide ., Hamicide ., Undetermined couse .	
MEDICAL vrifficote, v to the Chi	***		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE	E SIGNED
DEPUTY I	Hovdi.		EXAMINER'S MB DEPUTS MD DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	17
	70	22	10. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (5)	tole)
5 25		20	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240, REC'D BY REGISTRAR 1240, REGISTRAR	£
VS. A15ME(5	"	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS	
5M 9/55		L	4	<del>2</del>

BUREAU V. E.

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A W UASSILL

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MADE !

17	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Rog, Dist. No.
4	I. PLACE OF DEATH  a. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN   If outside corporala limits, write RURAL c. LENGTH OF STAY IN 1b and are rest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  5.3 Dundalk
5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	dy STREET ADDRESS  11 Township Road  on a FARMY yes \cap NO [
	3. NAME OF PIRST Middle (Type or print) ERNEST INTURY I	DIEKMANN 4. DATE Month Doy Year DEATH May 21 19 57
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. White WIDOWED DIVORCED	DATE OF BIRTH  APRIL 18 1891 66 yrs. IF UNDER 14EAR IF UNDER 24 HR  Months Days Hours Min.
1)/	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION of working life, even if relired)  KOLLED STEEL MFGR	
	A NTON	HELENA SCHLOESSER
A	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (You, no. or unhappen) [If you, give wor or dates of service] 3/6-10-3/88 [	Aldrel 19: Declinan - Same
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c), ]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Cranic carebral	Interval Between Onset and Death
1	Conditions, if any, which)	
	gove rise to immediate couse (a), stating the underlying couse last.  DUE TO	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES IN NO
	200. EXTERNAL CAUSE WAS FIRMARY BOY CONTRIBUTING TO CAUSE OF DEATH.  200. DESCRIBE HOW INJURY OCCURRED. (E) Fell down stairs	
p. 12	To the OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLAC While Not while of work of work of work 1	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote) (County)  Home Dundalk Baltimore Md.
	21. I certify that I took charge of the remains described about death resulted from: Natural causes Accident XA. Suid	
•	ACTUAL SIGNATURE WILL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
*	EXAMINER'S NAME (Type) Paul F. Guerin, M.D.	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER
	220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 5/23/1957 ITATOURIDG	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23 FUNERAL DIRECTOR'S SIGNATURE Brodley Dunds	1 k Md DAYE 5/3/57 Nom. M. Talky
		1 / W

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any datay is necessary, please exe-

rec.

INTERN V. S.

5681 18 YAM

DECENDED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	76
		CERTIFICATE OF DEATH Reg. Dist. No.	38
	Ţ.	PLACE OF DEATH  O. COUNTY  Balto  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admissor, STATE  b. COUNTY  Balto  MARYLAND	sion)
99	$\int_{\mathbb{R}^2}$	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town)  RURAL and give nearest town RURA	n)
asi . I		ON INSTITUTION CONTINUES TO A CONTINUE ON I	SIDENCE A FARM? NO X
		NAME OF DECEASED (Spirst DOURS ADDINS MIDDLE OF DEATH HOUSE HE DEA	Year 1957
	5.	SEX J 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years VF UNDER 1 YEAR IF UND WIDOWED DIVORCED DEC 22/864 92 yrs Months Days Hours	_
1	100	O USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT OUT OF WHAT OUT OF SUSINESS OR INDUSTRY 11. BURTHPLACE (Stole or foreign country)	T COUNTRY
	13.	FATHER'S MAME HENRY DUKER 14. MOTHER'S MAIDEN NAME ROSE Drechster	
- 73		WAS DECEASED EVER IN 18. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS GLOCALITAN CROLL SCLITT SCLITT	? e_
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  INTERVAL B  ONSET AND  / Co T	ETWEEN DEATH
		Conditions, if ony, which ) (b) Chole on the	
		gove rise to immediate casse (a), stating the under-lying couse lost.    Out to casse (b)   Due to casse (c)   Due to casse (c)	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFO YES	ORMED?
	CERTIFI		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.    Hour o. m.	(Stole)
		21. I certify that I attended the deceased from 1952, to May 4, 195, that I last sow the olive on 711, 1957, and that death occurred at 11.3011M, from the causes and an the date state	decease
/			ATE SIGNE
		PHYSICIAN'S MILTON 3. 18FSS	
	220	6. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stor DURIAL May 7 1957 LOUDIN PARK BALTO MA	te)
ŧ	23.	EMY WHEN SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 216 REGISTRAR'S SIGNATURE TEMP WHEN SIGNATURE ADDRESS ADDRE	
3			

BUTEN V. S.

## BUREAU V. S.

DECEIVED NAN. 29 1957

1-	1					ATE DEPART					18	4878
g g	ER			49%	BICAL	EXAMINER	1'5	CERTIFICA	IE OF	DEATH	Reg. Dist.	No. 23
age 4 should by vrial, cremation	(M)	1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where decea		tion: Residence	
		L	B:	ltimore		MARYLAN		o. STATE MAI	ylan	b. COUNT	Ba	ltimore
rage . burial,			and give nearest fow	If outside corporate limits, write m)	RURAL	e. LENGTH OF STAY IN I	Ь	c. CITY OR TOWN (II			RURAL and give	e negrest town)
ق د			Rural- (				_	Rural - C	lynd	on 🦻	X X	
	1	1		A Mill Rd.	not in hospi	tal, give street address)		d. STREET ADDRESS	5477	Da	<i>J</i> *	ON A FARM
Files or p		2	NAME OF			14 L 14 L		Mantau M	4. DATE			YES NO
ovr gistra			DECEASED (Type or print)	DIANA		ESTHER		EDGAR	OF DEATH	Menth Ma.y	18	oy Year 1957
		5. 3				NEVER MARRIED			1 0-2	9. AGE (In years	IF UNDER TYE	- 1
# d #		F	emale	White	WIDOWED		1-	eb. 27.1887	7	70 yrs.	Months Day	Hours Min.
J D X	/ 43	100	USUAL OCCUPAT	ON (Give kind of work d	one 10b. KIN	D OF BUSINESS OR IND		Y 11. BIRTHPLACE (State	or foreign	country)		OF WHAT COUNTI
t, and read and 2		E	Domes	agelife, even if retired)				Scotlar	nd		U.	S.A.
. 6 -		13.	FATHER'S NAME					14. MOTHER'S MAIDEN I				
ages - Je 5 m Poges			James	Edgar				Helen 8	3mith			
- 0 a		15. (Ye	i, no, or unknown)	VER IN U. S. ARMED FOR (If yet, give war or dates of s	ervice)			FORMANT	d h	Address		363
<u> </u>	^)		no				AI.	s. Robert	DCOL	c, Balto		Md.
ra PM3.				ATH [Enter only one cous ATH WAS CAUSED BY:				Janasia an			0	ITERVAL BETWEEN
를 들는 다. - 보고 하다. - 보고 하다.			1 1 0	IMMEDIATE CAUSE (o)		oronary O	CC	Lusion				30 min
with form			Conditions, if	DUE TO								
Bi tioi			gave rise to imme	diate cause			_					•
n pencir in trem along with for a burial-transit (			(0), stating the cause last.	underlying (c)_								
fice as o	_	Z	PART II. OT	HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BU	TNO	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PART 1(a	19 WAS AUTOPS
used for	0	CATION				none						YES NO
pendi iner's be use		ERTIF	20a. EXTERNAL CA	NTRIBUTING 🗀 📗	DESCRIBE H	IOW INJURY OCCURRED	. (En	ler nature of injury in Par	t I ar Part II	of item 18.)		
cal Exam 3 should		A C	CAUSE OF DEATH	110110	none	HIPM OCCUPACE TOO.			Viena contra		400 4	
3 Sh		MEDIC	Hour a.m.	none	While		actor	y, street, office bldg., etc	.}	y or lown)	(County)	(State)
Medical Page 3 s		100	p. m.			at work 110 ne	h	a hald as Astans		one		<b>5</b>
		-				mains described a . Accident [], S						Ŋ, and find th
Chief			degin resoned	- Automic	.doses [6]	, Accident [], :	DUIC	ide [], Hamicide	Ш, О	nderermined C	ause [].	
5 t t	1.		ACTUAL	() 9) Coan	elis			M.D. CHIEF MEDICAL E	KAMINER [			DATE SIGNED
d to	0 /			V 1 2				ASSISTANT MEDIC	AL EXAMINE	R 🗆		
Stranged Stranged FUNERAL	OE.	L	EXAMINER'S NAME (Type)	D. D.	Caple	s, M.D.		DEPUTY MEDICAL	EXAMINER [	Z	5	-21-57
	5	220	BURIAL, CREMATION REMOVAL (Specify	ON, 226 DATE THEREOI	F 2	C. NAME OF CEMETERY			22d LOCA	TION (City, town, o	or county)	(Stote)
, _ 6			Burl	RT フーとエーク	7	Druid Rid	ge			esville,	Md.	
A15ME(	5)	23.	FUNERAL DIRECTOR		Sons.	Balto. 1	7.	Md.	D BY REGIST	/ Z4b. REGIS	TRAR'S SIGNA	FUKE
VI 9/55	*	L					1 7	DATE	7/93	13/ Mia	U / Kn	ne
									-	i	3/	60



			MARYL	AND	STATE DEPA	ARTM	ENT OF HEALTH	-BALTIMORE,	18	0487	9
			49	03	CERT	ific.	TE OF DEATH		Reg. Dist.		41
	1. F	LACE OF DEATH	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (Whe	nd b. COUNT		refore odmiss more	sion)
( BA		RURAL and give r	Greek		c. LENGTH OF STAY	Y IN 15	c. CITY OR TOWN (If our	rtside corporole limits, write	RURAL ond give	nearest town	n)
00	74	or institution	ITAL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS 7403 Linwood	Avenue			FARM2
	1	NAME OF DECEASED Type or print)	Fir Ruby	st	Midd!		Lost Elliott	4. DATE Mo OF DEATH May			Year 19 57
	5. \$	Ex Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARR		B. DATE OF BIRTH July 18, 1889	9 AGE (In years lost birthday) 0 yrs	Months Da		ER 24 HRS. Min.
1	10o.	during most of wo Housew:	rking life, even if retired	lone 10b.	KIND OF BUSINESS	OR INDU	Wilmingto	r foreign country) n, Delaware		S.A.	COUNTRY
I	13.	James	Forrest				14. MOTHER'S MAIDEN NA				
	15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give yor or dates of s NO		SOCIAL SECURITY NO		ed H. Elliott	200 N. B	ranch R	oad	
			ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	/	ine for (o), (b), and (c	y oran	an Inel	Luies		INTERVAL BE	
		Conditions, if	ony, which (bimmediate)	6	Towny	air	ing Sluce	ice /		47	hq
0	ICATION		THER SIGNIFICANT CON	)	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	VEN IN PART 1(	PERFO	AUTOPSY DRMED?
	CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRE	). (Enter noture of injury in P	ort I or Port II of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	10	While	Not while	20e, 21,	ACE OF INJURY (Home, form, dory, street, office bldg., etc.)	20f. (City or town)	(Cou	nty)	(State)
		21. I certify to	hot I oftended the	deceo:	.40	t deoth	occurred of (	M, from the causes		date stat	
1		PHYSICIAN'S NAME (Type)	James 1	Me	Means		M.D. 520 D	51. Bal	10/9/	hd s	[18]
	220		ON, 22b. DATE THEREC	957	22c. NAME OF CEA			22d. LOCATION (City, town, Eastern Ave.		(Sto	
		FUNERAL DIRECTO			ADDRESS			BY REGISTRAR 246. BEG	STRAR'S SIGN		

## BUREAU V. S.

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0575 **CERTIFICATE OF DEATH** 4904 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived off institution: Residence before admission) Maryland a COUNTY **b.** COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporale limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS Forest Pk. Ave. Windson e. IS RESIDENCE Gate House, Kernan Hospital Veterans Administration Hospital YES | NO 🏋 NAME OF Year DECEASED ELLY 31 57 (Type or print) JOHN R. Mav 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B DATE OF BIRTH 9. AGE (In years Months Doys June 11. 1892 WIDOWED | DIVORCED [7] Male White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Private Practice Louisa County Virginia U. S. A. Lawyer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lillie Kuper Charles C. Elly remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Clin. Rec. Vet. Adm. Hospital, Ft. Howard, Maryland Yes None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS, RIGHT MIDDLE CEREBRAL ARTERY YEARS ARTERIOSCLEROSIS Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART II.D. 19. WAS AUTOPSY · Hypertensive Cardiovascular Disease 2 Infarction of Two cardium due PERFORMED? YES 🔲 NO 🎉 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Caunty) (Slote) factory, street, affice bldg., etc.) While Not while at work at work ACTUAL SIGNATURE M.D. WAH FORT HOWARD, MARYLAND should **PHYSICIAN'S** M.D., Chief, Medical Service TO FUNERAL IRVING FREEMAN. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) BUT 12 (Specify) Baltimore National Cem. Baltimore, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'DELY REGISTRAR'S SIGNATURE Funeral Directors, 4101 Edmondson VS A15 (4) Edwardson Baltimore. Md.

OBAIDED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4905 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND 4LTI b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 100 RIVERSIP YES TO NO TO 10ER SIPE NAME OF First Middle Lost 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19 3 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days DIVORCED [7] WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign sountry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corbon ofter de 7 A C H 1 1/15 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME томе IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME AS ABOUR 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) WAS AUTOPSY PERFORMED? abeg dorsalis YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work D. m. 21. I certify that I attended the deceased from ADDRESS ISING CITY OF THE DEST SOW the deceased .that I last sow the deceased and that death occurred at 11. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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DECENAEU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND . pulsra fltiror ; oltimore death. era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Dundalk Dundalk 22 vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 ton Road YES NO X Admiral puc 2 NAME OF DECEASED 4. DATE First Middle Lost Month Doy Year OF DEATH (Type or print) 19 47 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HKS. 9. AGE (In years last birthday) 8. DATE OF BIRTH Months Days Hours WIDOWED SECTION DIVORCED papers. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY: ousewife family home Austria and ъ carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Juliana Salecely Erbin Salecelv maye. haurs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH DUE TO Conditions, If any, which ? gove rise to immediate DUE TO cause (a), stoling the underlying cause last. burial-transit ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES [7] NO [ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e PUCE OF INIURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCUPRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour a. ft. 19 of work of way p. m. 21. I costify that I attended the deceased from that I last saw the deceased alive on and/that death-occur Fram the causes and an the date stated above. DATE SIGNED ACTUAL Ē RAL DIN PHYSICIAN'S NAME (Type) TO FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) tranet. sona A FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15M 9/55

R. V UAZRUA

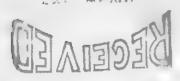
OBVIEDER



DECENVED EN RAN S. Y. UABRUB

## BUREAU V. S.

TI YAN



BUREAU M. M.

THE G 1957

1		MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18	11000
ea M	1	4503 CERTIFICA	ATE OF DEATH Reg. Dis	1400U
director, filed with	+	1. PLACE OF DEATH ROSEWOOD State Training School o. COUNTY Baltimore MARYLAND	I o STATE	
be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Owings Mills, Maryland 48 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	Ive nearest town)
12 st	7	d. NAME Of HOSPITAL (If not in hospital, give street address) OR INSTITUTION ROSEWOOD State Training School	d STREET ADDRESS  1318 35th Street, N.W., Wash.	•. 15 RESIDENCE ON A FARM? YES NO
ety filled in b		3 NAME OF First Middle DECEASED (Type or print) LOO	Lost 4. DATE Month OF DEATH 5	Reg. Dist. No. 33  If institution: Residence before admission) b. COUNTY  Baltimore  mits, write RURAL and give nearest town)  In its residence before admission) b. COUNTY  Baltimore  Its residence ON A FARM?  YES NO B  Month  Day Yeor 23 19 57  Its (in yeors   If UNDER I YEAR IF UNDER 24 HRS Brithday) Months Days Hours Min  Its CITIZEN OF WHAT COUNTRY?  U.S.A.  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  IDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON NO.  Item 18 }  Wen) (County) (Stote)
Po Po		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	last birthday] Months	
7 2 g &	)	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Maryland U	
cian and carban		13. FATHER'S NAME Unknown	Catherine Fields	
og physi r remove 72 hour	0	[Yes, no, or unknown) [If yes, give wor or dates of service)	INFORMANT Address OSEWOOD Tr. School - Owings Mills	. Maryland
te day requires indi ins vering physician.  As been signed by the attendi in-transit permit. Then pleas layed, and in any event within	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		ONSET AND DEATH
spital or attending ter this certificate by I far use as the but I, cremation, ar ren		OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	poctory, street, office bldg., etc.)	
toined by the horal colored by	1	alive on 5/23/57 19 and that deall actual Rich Pink Ray (Pakalyste Physician's Rich Colors	h occurred at 5:05 PM, from the causes and on the ADDRESS (Street, city or town, stote)  ADDRESS (Street, City or town, stote)	DATE SIGNED
TO MOSTILA MOS	1. F	MAME (Type) 11 64 1414 OLCH DETS 1/4	or CREMATORY 22d LOCATION (City, town, or county) of Circums Mills	(State) mol
()				

BUREAU V. S.

7261 63 YAM

BECEINED

RJI		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		4910 CERTIFICATE OF DEATH  Reg. Dist. No.
	1.	PLACE OF DEATH  O. COUNTY  O. STATE  D. COUNTY  D. COUN
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
N <sub>p</sub> <sup>2</sup>	-	d. NAME OF HOSPITAL (If not in hospitol, give street address)  OR INSTITUTION  OR A FARM?  YES NO F
		NAME OF DECEASED (Type or print) Frederick NAIL FINKS DEATH Middle 30 1957
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH  Mile WIDOWED DIVORCED 30 Grag 19 16 The Months Days Hours Min.
TX		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLATE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  Country  12. CITIZEN OF WHAT COUNTRY
	13.	touchers made name love for is Finh Lamisa Splaty, a
×ò	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or doles of service) (If yes, give wor or doles of service)
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
		Conditions, If any, which) (b) The state of
		gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES \( \text{NO} \) NO
	L CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. P. Mile Not while of work of wore work of
		21. I certify that I attended the deceased from 1952, to 20 1952, that I last saw the deceased alive on 30 2000, 1952, and that death occurred at 5200, from the causes and on the date stated above
,		ACTUAL SIGNATURE Paul H Royse M.D. 80x Teles (Street, city or town, stote) DATE SIGNATURE
		PHYSICIAN'S PERUL H ROYSCHD, Piker 1/2821.
	220	BURIAL CREMATION, 228 DATE THEREOF 220 NAME OF CEMETERY OF GREMATORY 22d LOCATION (City, town, or county) (Stote)
4 0	23.	FUNERAL DIRECTOR'S BIGNATURE  ADDRESS
		7 30110

BURLAU W. R.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4911 CERTIFICATE OF DEATH

. Dist. No.

l:			
50 H-4	r	DI LOS AS DELEN	2. DATE
<b>直</b> 国	(T	NAME OF DECEASED Mr William ( Front	QE 4 1057
- 등	( 1	Spe or Print) Mr. William J. Frank	DEATH /11ay 4, 195/
Al	3	PLACE OF DEATH.	4. USUAL RESIDENCE (Where deceased lived If institution; residence
20	- A	Baltimore City, Mary Landellemore County	A STATE At 1 B COUNTY Before admission)
22		FULL NAME OF (If not in hospital or institution, give street address or	Maryland 19410,
eari JA Y		OSPITAL OR   location)	C. C. TY OR TOWN (If outside corporate limits, write RURAL and give
j A	IN	1246 Cardwell Avenue	Baltimore township)
3	108	4240 Cultimed Tivertue	Av.
~	-	Yrá.	o. STREET ADDRESS (If rural, give location)
		Mos.	4246 (ardwell Avenue
出	12	Length of stay in Baltimore Days	
ā	5	SEX 6 COLOR OR RACE 7 SINGLE, MARRIED	8 DATE OF BIRTH 9 AGE (In year   Mindel 1 test   1 thus 24 hours   last birthday) Months: Days Hours   Min.
_		WIDOWED, DIVORGED (Specify)	Jeb. 5. 1880 77
Z		male white widowed	
T	10	DA. USUAL OCCUPATION (GIVALUNDO) 108 KIND OF BLS. NESS OR	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Z.	250 AL OIL	k doze during most of working life, even if returned) INDUSTRY	
7		(aretaker and tarmer	Chestrut Ridge, Maryland USA
×	13	B. FATHER S NAME	14. MOTHER'S MAIDEN NAME
100		William Frank	Larus Kolbe
		The state of the s	
,		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL, 25. 10 OF DERINOWD) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
)	(16	(If yes, give war or dates of service) SECURITY NO	Mrs. Anna Le Brun, 4246 Cardwell Ave
7	-		vivos, ritula Le Diani, 4240   willwest rive
9			OF DEATH ONSET AND DEATH
ž			7
F		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ronery thinkon I minte
Ξ		(This does not mean the mode of dying, e.g., (A) L	ropert their the
Ŀ		heart failure, usthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
j		injury or complication which caused death.)	
)		ANTECEDENT CAUSES	The same of the sa
ζ		(B) Cirl	en-selinosis
ļ	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
	0	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
į	IIE.	UNDERLYING CONDITION LAST	
)	15		
	F	, and the second	
	늗		T 1/1/1/16
4	ľ	TO THE DEATH BUT NOT RELATED TO THE	Time of gull 1staddle 1 mo.
	Ш		98 CONDITION FOR WHICH OPERATION 120 ALTOPSY?
	U	THE OPERATION WAS RELATED TO 194 DATE OF OPERATION 1	VAS PERFORMED.
	L	PART I OR PART II	VAS PERFORMED ( Levelole YE. ] NO ]
1			
		22 I certify that (I) (this hospital) attended the decease	sed from 4 . Strand . 19.5° 2 to
		19 5 7, that (I) (we) last saw th	he deceased alive on / 5 2 mg 1957
		and that death occurred at 6 from the causes :	and on the date stated above
	1		
	[/]	11/1/18/1/900	ADDRESS 23C. DATE SIGNED
		MD 68	501 12Ecan 160 1 6 Wan 1917
2 4 4 4		ATTENOING PHYS MEO OFRECTOR STAFF PHYS	, 0,00
	24 TIC	AA BURIAL, CREMA- 24B DATE 24C NAME OF CEMETER	RY OR CREMATORY 240 LOCAT ON (City, town, or county) (State)
	1	Burial 5/8/57 Mount Marie	2 Camptonia Baltimara C. M. 1.
	-52	ATE RECEIVED BY REGISTRAR'S SIGNATURE	
>		DCAL REGISTRAR	25 FUNERAL DIRECTOR ADDRESS
111	1	1 NV 7 - 10 K7	Leonard J. Ruck 5305 Harford Road.
li '	[2]		Tack John Mack John Mack

BUREAU V. E

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SECED VEC

BUREAU V. &

DECEDA ED

BUREAU V. S.

04891 4914 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE/(Where deceased lived. If institution-Residence before admission) o. COUNTY filed b. COUNTY MARYLAND death. b-CITY OF TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 15 c. CIDLOR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL and give neares forth) offer d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 7777 OR INSTITUT ON A FARM? YES X NO NAME OF First Middle 4. DATE Yeor DECEASED (Type or print) DEATH 19 9 AGE (In yours ignition) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Dovs Hours Min. DIVORCED | WIDOWED D death. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12-CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAM COY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN If yes, give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH **DUE TO** Conditions, if any, which ! gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) Hour Not while factory, street, office bldg., etc.) Q. D. While at work at work p. m 21. I certify that I attended the deceased from alive on that death occurred at M, from the causes and on the date stated above. FULLINAL MIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE pe should PHYSICIAN'S NAME (Type) ന 22b. DATE THEREOR 229-BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) poge (Stote) mox REMOVAL (Speciful 6 TUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGIGTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

114892

IS RESIDENCE

ON A FARM?

YES NO TO

Year

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 10

> > (Stote)

DATE SIGNED

(Stote)

19 57

Doy

15M 9/SS

BUREAU V. S.

DECEIVED

VS ATS [4] 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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4916 CERTIFICATE OF DEATH

04893

Ł	20.	2010						
ī	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (W o. STATE Mar	there deceased lived If in		before admission)		
	b CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lown)	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF X2 Par	outside corporate limits, w kville	rite RURAL and give	e nearest fown]		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 1301 (hesape	1 1	d STREET ADDRESS 2606	Taylor Ave	пие	e. IS RESIDENCE ON A FARM? YES NO X		
177	). NAME OF First DECEASED (Type or print) Mrs. Dora	lirginia Gre	lon 2en	4. DATE OF DEATH	May	7th 19 57		
47	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (in y		YEAR IF UNDER 24 HRS		
١,	remale white widow			888   69	yrs	EN OF WHAT COUNTRY?		
ľ	USUAL OCCUPATION (Give kind of work done lob during most of working life, even if retired)	KIND OF BUSINESS OK INDU	01.	14 1	m d	IICA		
ī	3. FATHER'S NAME		14 MOTHER'S MAIDEN		71a   C	X. 3/ !		
١	Albert M. Gilbert		Dora Gri	ttin				
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (It yes, give war or dates of service)	SOCIAL SECURITY NO 17. I	r. Frank D.	Green, Jr	Address 2606	Taylor Ave		
	PART I. DEATH WAS CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH III ETHER, NOTIFY MEDICAL EXAMINER)					(O) 19. WAS AUTOPSY PERFORMED? YES NO		
		SCRIBE HOW INJURY OCCURRE						
	Hour e.m. While		ACE OF INJURY (Home, for ctary, street, affice bldg , et	c.)	(Cou	inty) (State)		
	21. I certify that I attended the decea alive an May to 19.  ACTUAL SIGNATURE MULLISH PHYSICIAN'S Dr. S. Elliot	famel	1957, ta 1 accurred at 2:58 MD 8100 Ha	M, from the caus	es and an the	st saw the deceased date stated abave DATE SIGNED		
	220. BURIAL CREMATION, REMOVAL (Specify) 5/9/57		ark Cem.	Baltimon	re, Mary	Land (Stole)		
1	D. FUNERAL DIRECTOR'S SIGNATURE LEONARD J. Ruck 5305 7	Harford Road		10	REGISTRAR'S SIGN	ATURE		
1	Leonard Y. Kuck 5305 1	TWEX ONCE TO ad	" / 4 BOARS Y		11/2/11/11	Maguel.		

BUREAU V. 2

Z961 o

DEATER

1. PLACE OF DEATH

Baltimore

SPRING GROVE STATE

during most of working life, even if retired)

white

21. I certify that I attended the deceased fram....

226. DATE THEREOF

First

Abraham

RURAL and give negrest town) Catonsville

b. CITY OR TOWN (If outside carporate limits, write

o. COUNTY

NAME OF

DECEASED

5. SEX

male

(Type or print)

13. FATHER'S NAME

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify

23. FUNERAL DIRECTOR'S SIGNATURE

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04894 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) b. COUNTY MARYLAND Maryland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 45yr7mth4dvs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2604 E. Fayette Street YES NO T Middle 4. DATE Day Year OF DEATH Greenberg May 15 57 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthday) Months Days WIDOWED T DIVORCED | nnknown 71? 10a. USUAŁ OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Maryland 14. MOTHER'S MAIDEN NAME Ray Ggreenberg 17. INFORMANT Address Records: SPRING GROVE STATE HOS: TTAL INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO TO

(County)

19.54, to May 15, 19.57, that I last saw the deceased

ADDRESS (Street, city or town, state)

22d. LOCATION (Gty, town, or county)

24b/ REGISTRAR'S SIGNATURE

GOVE STATE

19\_57\_\_, and that death occurred at 7:20\_21, from the causes and an the date stated above.

Catonsville 28, Md.

240. REC'EL ENERGISTRAR

(Stole)

Morris Greenberg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. unknown no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Acute Cardiac failure 0,0 DUE TO Conditions, if any, which ! Arteriosclerotic heart disease gave rise to immediate DUE TO cause (a), stating the under-Generalized arteriosclerosis lying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part III of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Hour a. fi. Not while factory, street, office bldg., etc.) While

July

224 NAME OF CEMETERS OF CREMATORY

at work at work

Stella Wachsler, M. D.

Wachsler

O FUNERAL DI 2

P

SELVEN V. S.

			MARYLAN	ID STATE DEP	ARTME	NT OF HEALT	H-BALTIA	18 AORE, 18	(	15/5/
£ (N)			491	8 CERT	IFICA	TE OF DEAT	Н	R	eg. Dist. No.	44
m	厅.	PLACE OF DEATH o. COUNTY  Baltimore	2	MAI	RYLAND	o. STATE Maryland	here deceased live	d. If institutions b. COUNTY	Residence befo	re admission)
			f outside corporate limits, wri	c LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RUR/	AL and give nec	rest fown)
~		Fort How	ard	L8 Day	78	Baltimore	3	511 11	4	c
4		d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give str	eet oddress)		d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
1 **	L		Administratio	on Hospital		918 McKes	an Avenue	}		YES NO DE
	3.	NAME OF DECEASED	First	Midd		RISSOM	4. DATE OF DEATH	Month	Po Po	Yeor 57
1		(Type or print)	DAVID	L.					4	5 19 57
(1	L	Male Male		OWED DIVORC	ED 🗍	DATE OF BIRTH February 9.1	L895   C	2 yrs.	UNDER TYEAR	Hours Min
÷ -	10	during most of work	N (Give kind of work done I ing life, even if retired)	OL KIND OF BUSINESS	OR INDUSTR	TI. BIRTHPLACE (Stole	or foreign count	y)		F WHAT COUNTRY
death	' [	Farmer		Self-emp	Loyed	Franklin	CO. N. U	arolina	U.	S. A.
The .	13	FATHER'S NAME				14. MOTHER'S MAIDEN				
Pours Pours	L	Thomas G				Henrietta Mi	itchell			
1	15	Yes	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY N 228-30-1730		ormant n.Rec.,Vet.	Adm. Hosp	tal,Ft.	Howard,	Md.
			TH [Enter only one couse pe						INTE	RVAL BETWEEN ET AND DEATH O Minutes
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NFARCTION O	F MYOC	ARDIUM			3	0 Minutes
		4" .0	DUE TO A	PURTOSCIER	OTTC H	EART DISEAS	E			UNKNOWN
•		Conditions, if o	ry, which ) (b)	ICTIACIODODES	0110 11					
		gove rise to it couse (o), storing								
	_	lying cause lost.	) (c)							
(	CATION	Left ind	er significant condition	1 hernia	SO /	OT RELATED TO THE TERM	IINAL DISEASE CO	NDITION GIVEN	IN PART I(o) 1	PERFORMED?  YES NO IX
	CERTIFI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO 206 E CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Part II a	f item 18.)		
	MEDICAL	20c TIME OF INJUR Hour o. m. p. m.	Wi	ile Not white work of work	20e. PLAC Foctor	E OF INJURY (Home, form ry, street, office bldg., etc	n, 20f. (City or 1	own)	(County)	(State)
<u>.</u>		21 I certify th	at pattended the dece	ased from Marc	h 28	19 57 to Ma	av 15	19 57X	XXXXXXX	XXXXXXXXXXX
burial			XXXXXXXXXXXX							
9			0				ADDRESS (Street,	city or town, stat	le)	DATE SIGNE
/		ACTUAL SIGNATURE	Irving	Tree	may	VAH. FORT	HOWARD,	MARYLAN	D	5/16/57
5		PHYSICIAN'S NAME (Type) I	RVING FREEMAN	M.D., Chief	, Medic	al Service				
D)	22	BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CE	METERY OR C	REMATORY	22d. LOCATION	(City, town, or c	ounty)	(Stole)
Ę		moval	May 19, 195		apel (	Cemetery	Frankli	n County	N. Car	rolina
		FUNERAL DIRECTOR		ADDRESS	•	24a. REC	DBY REGISTRAR	24b REGISTRA	AR'S SIGNATUR	5/1
		harles R.	Law Mortuary,	80204 Madis	on Ave	Balto DATE 5	117/57	Daw	our of	· rang
ED TO:	F	ranklin Fu	neral Home(Jos	seph Curtin)	Frank	klinton, I, Ma	•			
			7 W. Green	St.	w. Caj	rolina				

BUREAU V. S.

UZAIZIO CO

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18 04.805
		4919 CERTIFICATE OF DEATH	Reg. Dist. No.
	î.	PLACE OF DEATH  a. COUNTY  Baltimore.  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If in STATE Maryland b. COUNTY	
M		b. CITY OR TOWN (If outside corporate limits, write RURAL and give reacres) lown)  Parkville  c. LENGTH OF STAY IN 1b  x. 2. Parkville	
00	Г	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  3029 Willoughby Road  3029 Willoughby	Road ON A FARM?
		NAME OF DECEASED (Type or print) Mrs. Amelia Carrie Grand DEATH	Month Day Year May 1st. 1957
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In lost birth)   18 par   18 pa	years IF UNDER 1 YEAR IF UNDER 24 HRS doy) yrs, Months Doys Hours Min
	180	S USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Housewixe  Maryla	12. CITIZEN OF WHAT COUNTRY?
~_ \	13	Charles Mavers 14 MOTHER'S MAIDEN NAME Anna Nichodas	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 19. no or withnown) (If yes, give wor or dotes of service) 212-10-5124 Mrs. Ruth E. Barnare	d, 3029 W'Lloughby
, –		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  William Control on the control of the control o	INTERVAL BETWEEN ONSET AND DEATH 2 MORECE
		Candilions, if ony, which) (b) Concernme Ri breast	18 morths
		gove rise to Immediate couse (a), stating the under- lying couse last.    DUE TO   (c)	
0	CATION	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N
	L CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item II (IF EITHER, NOTIFY MEDICAL EXAMINER)	B.)
	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m 19 While Not white of work of twork 19 of work 19 Not work	(County) (State)
		the state of the s	257.,that I last saw the deceased ses and an the date stated abave.
f ,			town, store)  DATE SIGNED  14 5-1-57
		PHYSICIAN'S Harold H. Burns	
			ore. Maruland
1	23.	Leonard Kuck 530V Harford Date 240. REC'D BY REGISTRAR 246.	Dr. a. M. Bacon
		1957	,

BUREAU V. S

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Reg. Dist. No.

			One.	
		24.	1	
WEST			Ţ	
2	2000		part of the same o	

meral director, be filed with

may be retained by the haspital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cammetely filled in by the page 3 shauld be negated far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 state registrar prime burial, cremation, ar remayal, and in any event within 72 hours after death.

TO MOSTIAL OF ATTENDING MAYSICIAN: The law requires that the death certificate be executed within 21 hours after leath. Page 4 VS A15 (4) 15M 9/55

1. PLACE OF DEAT	IH				2. USUAL RESIDENCE (	Where dece			Residence	e before o	idmission)
0. 200	Baltimore		MARI	/LAND	Maryl	and	b. (	OUNTY	Harft	ord .	
	VN (If outside corporate limitive nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	If outside co	rporote limits	, write RU	RAL and go	ve neares	I town)
	nsville		5yr4mth25d	lys	Elkridg	e, Mar	ryland	134	( : = :	,	
d. NAME OF HE OR INSTITUT	OSPITAL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS					e. I	S RESIDENCE
		HOSFI	TAL		5327 Mai n	Stree	et				ON A FARM? ES NO 🗗
3. NAME OF	Fit	şl	Middle	)	lost	4. DAT	Ε	Month		Day	Year
(Type or print)	Mar	Υ.	Frances	5	Gwin	OF DEA	TH	May	10.	,	19 57
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗍	B. DATE OF BIRTH		9. AGE (I	In years		YEAR IF	UNDER 24 HRS
female	white	WIDOWE	D DIVORCE	:D 🔲	Oct. 13.	1899	lost bit	yrs.	Months	Рауз Н	lours Min
10a. USUAL OCCU	PATION (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (SIG		n country)				VHAT COUNTRY
hous	working life, even if retired GW116	'			Mar	yland			U.	S. A	•
13. FATHER'S NAM	E				14. MOTHER'S MAIDEN	N NAME					
35555E0t	xx Henry T.	Rick	etts		200000000	i ac	<b>lartha</b>	Eliz	. Sto	ray	
15. WAS DECEASED	DEVER IN U. S. ARMED FOR	CES? 16. 1		). 17, 1	NFORMANT			Addre	11		
(Yes, no. or unknown)  D D	(If yes, give war or dates of s	ervice) 2	14-18-0352	2   1	Records: SP	RTIG	G ROVE	STA	TE F	ios I	TAL
18. CAUSE OF	DEATH [Enter only one co	use per lin	e for (o), (b), and (c),	.1						INTERV	AL BETWEEN
	DEATH WAS CAUSED BY:	(	Carcinoma d	of t	he corvix wi	th me	tastas:	រំន		ONSET	AND DEATH
171X	IMMEDIATE CAUSE (o										
Conditions	if you which h										
gove rise	to immediate (										
Couse (a), slo	test										
	OTHER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH SUT	NOT RELATED TO THE TEL	PAINAL DISE	ASE CONDIT	ION GIVE	N IN PART	1/01 19. 3	WAS AUTOPSY
ATIO							ASE CONTEN	.011 0112	, ii i i Aki	·   F	ERFORMENT
PART II.  OIL  OR CONTRIBU  OF CONTRIBU  OF CONTRIBU  OF CONTRIBU	T WAS UNDERLYING	20b. DESC	RIBE HOW INTURY O	CCLIRRE	D. (Enter noture of injury	in Part Loc	Port II of item	18.1		11	≥ □ NO M
OR CONTRIBU	TING CAUSE OF DEATH			PEORNE	o. (Line) here or hipery			,			
	NJURY Month, Day, Yes	20-f Ib	JURY OCCURRED	20a Pl	ACE OF INJURY (Home, fo	non 1905 ti	The sections.			. A 5	101-1-3
∰ Hour a	i file	While	Not while	fo	clory, street, office bldg.,	elc.)	city or townj		(C	ounty)	(Slote)
<b>₹</b> P	. m,	ol work	<u> </u>				7.0	F 20			
21. I certify	y that I attended the										the deceased
alive an	May 10	, 12_5	Z, and that	death	occurred at 5:1					e date	stated above
MOTORS	C1.00.	41,	achiler			ADDRESS	(Street, city o	or town, st	ate)		DATE SIGNED
SIGNATURE	ownq		Cooper		M.D. SPRING	GROV	STA	TE H	OS II	TAL	5-10-57
PHYSICIAN'S	01.33					. 7 7	nd	-			
NAME (Type)	Stella .		Ler, M. D.		Catensy	rille	28, Ma	rylar	id		
220. BURIAL, CREM REMOVAL (Spe	ecify)   .		22c. NAME OF CEM	ETERY O	R CREMATORY	22d. LO	CATION (City	, town, or	county)		(Stote)
Buria	1 5/11/5	7		rton	National Cer		lingto				
23. SUNERAL DIRPO	TOR'S SUSMATURE	01 6	ADDRESS	76		C'D BY REG	ISTRAR 24	REGIST	RAR'S SIG	NATURE	
War. 4	· licknet	AME	us - 10a.	ell,	/ LILEY DATE	MAY 1 8	0 0/	Jul.	-esu	ch	
1/											

BEAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 15M 9/55 · 4922

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1, PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE			nce before admission)							
-[	Baltimore	MARYLAND	o. STATE	Maryland	b. COUNTY								
ſ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If outside corporate li	mits, write RURAL and	give nearest town)							
- [	Catensville	10yr8mth23dys	Baltim	· ph									
٦	d. NAME OF HOSPITAL (If not in hospital, give street o	ddress)	d STREET ADDRESS		V + 1, 1	e IS RESIDENCE ON A FARM?							
4	SPRING GROVE STATE HO	SHITAL	505 S.	Linwood A	venue	YES ON A FARM?							
Ī	3. NAME OF First	Middle	Lost	4. DATE	Month	Day Year							
-	(Type or print) Catherine		Hardy	OF DEATH	May 25	•							
ı	5. SEX 6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH	9. AC		R I YEAR IF UNDER 24 HRS							
1	female white WIDOWE		Dec. 3, 18	96?	E (In years IFUNDE birthdoy) Months	Days Hours Min.							
-	10a. USUAL OCCUPATION (Give kind of work done 10b. N					TIZEN OF WHAT COUNTRY							
	during most of working life, even if retired)  dome's tic		Irela			I. S. A.							
1	13. FATHER'S NAME		14. MOTHER'S MAIDE			, U, N,							
1		•		a Comprer									
ŀ	Frank Roach  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IP	ALOSWANT DETT	a -omorer	Address								
	(Yes, no, or unknown) (If yes, give wor or dates of service)			THE CDOWN		TOCOTONE							
<b>'</b>			cords: SPR	ING GROVE	STATE I	IOSPITAL .							
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH												
1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Artericsclerotic cardiovascular disease												
1	DUE TO												
1	Conditions, if ony, which (b)	Arterioscleros	sis, general	ized and	severe								
1	couse (a), stating the under-												
-	lying couse lost. (c)												
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0												
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 450 200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (If EITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)												
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter nature of injury	in Port I or Part II of	item 18.}								
-	20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	JURY OCCURRED 20e. PLA Not while foc	CE OF INJURY (Home, forty, street, office bldg.,	orm, 20f. (City or to	wn)	(County) (State)							
1	p. m. 19 of work	Lifet white											
H	21. I certify that I attended the decease	d from May 7	, 19, to	May 25	. 19 57that I	last saw the deceased							
	alive on May 25 19 5					the date stated above							
1	C	*		ADDRESS (Street, c		DATE SIGNED							
1	SIGNATURE Stella W	acheles,	SPRING	CROVE STA	TTTROH AT	TAL 5-25-57							
			11.00	2427	*****************								
-	PHYSICIAN'S Stella Wachsler	, M. D.	Catons	ville 28,	Maryland								
ŀ	220, BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF			Ciby town, or county)	(Stote)							
1	REMOVAL (Specify) 5/28/57	Petert	116	66.6	711-1871	CE VIL							
1	23. FUNERAL DIRECTOR'S SIGNATURE	APORESS	4 240 1	C'D 8Y REGISTRAR	24b. REGISTRAR'S SI	GNATURE							
	A -taken'L	1/2mo 1:	3/ S/ Sixte/		0/	-/							
F		7" " " " " " " " " " " " " " " " " " "	1 1 1 - Flynd	N 28 57	The second	14							

BUREAU V. A.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH M PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY O. STATE b. COUNTY Baltimore" BALLTIMORE Maryland MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) BALTIMORE Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. IS RESIDENCE ON A FARM? 4206 Willshire Ave. BETHLEHEM STEEL CO. HOSPITAL YES NO P NAME OF Middle Year LAWRENCE J HA HMEI (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE the years IF UNDER 24 HRS. IF UNDER TYEAR Months WIDOWED | Male White DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) duping most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 5 c oug Baltimore, Maryland inichem Steek 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Withelm Harma Poges Pog S Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4206 Wilshir. Mrs. Alice W. Harmel. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), slating the underlying Coronary Occlusion couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ONONE CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter native of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street off ca blog., etc.) 20f. (City or town) (County) (Stote) Not while d. m. ot work at work p. m. 21. I certify that I took charge of the remains described obave, Held an Autapsy [], Inspection [X], Inquiry and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined couse orwarded to the FUNERAL DIRE 6 17.76 ACTUAL CHIEF MEDICAL EXAMINER JO SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 5-28-57 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMIDVAL (Specify) 0 Moreland Mem Park Bactunore. al ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 305 Hurrord Road#14 VS. AISME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MUEVO N. E.

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4924 **CERTIFICATE OF DEATH** Reg. Dist. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Baltimord b. COUNTY MARYLAND Cacil ryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) 4mths8dys Jarrettsville, Md. /2 x / 2 Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE OR INSTITUTION ON A FARM? Jarrettsville. Md. SPRING GROVE STATE HOSTITAL YESK NO = 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF Lettie Heinickle (Type or print) 57 Mav 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days female Hours white July 28, 1887 WIDOWED [ DIVORCED [7] papers. YOU. 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ome U. S. A. housewife Maryland officer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ö C. Jackson unkneun -unknown move IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. HOSFITAL unknown Records: SPRING GROVE STATE np 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ₽ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Coronary Thrombosis DUE TO Arterioscleotic cardiovascular disease Conditions, if any, which ) gove rise to immediate **DUE TO** couse (a), stating the under-Arteriosclerosis, generalized lying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 13 YES NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour a. m. factory, street, office bldg., etc.) Nat while of work [ of wark p. m. 19.57, that I last saw the deceased May 21. I certify that I attended the deceased from. and that death occurred at 8:40 a.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DIRECT ACTUAL GROVE should PHYSICIAN'S Catonsville 28, Haryland NAME (Type) Stella Wachsler, M. ന 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE'S **ADDRESS** 240. REGIO BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

	(R)	MARY	LAND S	TATE	DEPAR	TMEN	NT OF I	HEALTH	-BAL	TIMOR	E, 1	8	0	101	12
(	ek,		4925		CERTIFI	CAT	E OF	DEATH	1			Reg. D	ist. No.	49(	11
1. P	COUNTY B	Ltimore			MARYLA	- [4	USUAL RES	IDENCE (Wh	ere deceose		YTMUC	ni Reside			sion)
b		f outside corporate lin corest town)	nits, write		H OF STAY IN	1b	e. CITY OR	TOWN (IF o	on V1						n)
0		AL (III 7315 Tr	glesi		Ave		d. STREET					1 , 5-70-10			FARM?
Ĺ	NAME OF DECEASED Type or print)		orenc	e	Middle Helwei	lok	Le	e fac	4. DATE OF DEATH	1	Mont	1,	195		Yeor 19
s s	ex male	6. COLOR OF RACE	7. MARRIE		VER MARRIED DIVORCED [	_   7	oate of BIR	,1869	3	9. AGE (In 8 17 birth	yeors iday) yrs	Months	Days	IF UND Hours	ER 24 HRS Min.
Qo.	during most of work	ON (Give kind of work king life, even if retire	-ts	nd of a		NDUSTRY	0.00	PLACE (Stote of	or foreign c	ountry)		12 CI	TIZEN O	F WHAT	COUNTRY
13. 1	FATHER'S NAME	tter				1		S MAIDEN N	AME						
		R IN U. S ARMED FO (If yes, give wor or dates of		OCIAL SE	1	17, INFO		ard He	al we i	ck.6	Addre		ıtle	V S	t
		mmediote (	(o) (U)	tone	cand	ero	o g	tail	ur I d	E We	<b>ર</b> ફ્રિલ	É	izis 3	MA	TWEEN DEATH
TIFICATION		IER SIGNIFICANT CO			ING TO DEATH							N IN PAI	RT 1(o) 1	9. WAS PERFO YES	RMED?
MEDICAL CERTIF	20c. TIME OF INJUR Hour o. m.	LS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Y	4	URY OCC	vhile	e. PLACE foctory	OF INJURY	(Home, form, te bldg., etc.	20f. (City	or town)		(	(County)		(Slote)
		at Lattended the	e deceased , 19_5	7	2-2 and that de OMOS	22 eath ac	., 19 <i>5</i> ccurred o	7		n the cau	ises ai	nd on t		te stati	decease ed above ATE SIGNE
	PHYSICIAN'S NAME (Type)	TEPHEN	LEC		1AGNE	-58		lean	gla	nd			-		
Br	BURIAL, CREMATIO REMOVAL (Specify)	May 4/F	OF 577	Zic. NAM	ME OF CEMETE	RY OR C	REMATORY	0	22d. LOCA	TION (City,	town, or	county)	25	(Stot	e)
	TUNERAL DIRECTOR	s signature meral Di	recto	ADD	RESS	dmo	ndsor	240. REC'D	BY REGIST	RAR TOS	REGIS	AACS	CHE!	đ.	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04902 4926 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 26 YES NO NAME OF First Middle DATE Month Day Year DECEASED OF (Type or print) DEATH 19 3 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs WIDOWED [ DIVORCED D **YES** 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY dyring most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) ERGBRO DUE TO VARRIENSING HRT - SCLEROTIC CARDION Conditions, if any, which ! gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TA 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Dov. Year (County) (Stale) factory, street, office bldg., etc. a. n. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. Lithat I last saw the deceased and that death occurred at 12/2 M, from the causes and an the date stated above. alive an. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, tawn, or county) REMOVAL (Specify) DORESS **FUNERAL DIRECTOR'S SIGNATURE** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

## BUREAU V. S.

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nay be retained by the FUNERAL DIRECTOR:

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HOSPITAL OR

BUREAU V. S.

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68 8 W	- Address of the last of the l	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	94
A E		1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.)	nn)
in in its	X	O. COUNTY STATE OF B. COUNTY	rej
Se 4 Fe		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown)	
Pog.		Edgemere-Ind.	
tor.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	DENCE
Price St.	( ")	4006 C De smooth Clase VES I	
delo rol o vr fi		3. NAME OF First Middle Lost 4. DATE Month Day Year	r
une une regis		(Type or print) [RANCINE A TUBBARD DEATH May 26 19	p- v
the f		5. SEX   6. COLOR OR RACE   7. MARRIED   18. DATE OF BIRTH   9. AGE (in years   IF UNDER TYEAR IF UNDER   Months   Days   Hours   Months   Days   Hours   Months   Days   Hours   Months   Days   Months	24 HRS Ain.
₹ 5°5°€		WIDOWED DIVORCED   XILLO - X 2 - 38   X yrs.	
2 v dec	1	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	JUNTRY?
on de la	Y	13. FATHER'S TRAME	
E - E E		13. FATHER'S MAIDEN WAME	
Poges		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 147. INFORMANT Address	
	.')	(Yes, no, or unknown) (If yes, give war or dates of service)	-
ii. 13. Gi.	. #	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	TAN
18. 18. Serra		PART I. DEATH WAS CAUSED BY: DOWNING - ACCIDENTAL	
farr farr farr		929 8 PUE TO	
in litran	$\vee$	Conditions, if ony, which ) (b)	
ncil ng riol-		gove rise to immediate cause (a), stating the underlying DUE TO	
a boo		couse lost. (c)	
os os		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTHORITION OF THE PERFORM	TOPSY ED?
or o	0	₹ Tes □ N	10 🛮
De in e		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPRED. Jenter noture of injury in Port I of item 18.) Was boating with friends. She jumped from boat to retrieve beach ball. Soon	thre
This ford Exom hould		LOI MENU COLLEGE MULTIPLE LEGICIETE.	~ G
and a we	est a	Hour o, m, While Not while of foctory, street, office bldg., etc.)	(Slote)
MIN ge the			ld.
Triffin M St. P. S. P. S		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and fin	d that
\$ :§ 6		death resulted from: Natural causes . Accident A, Suicide . Homicide . Undetermined cause .	
The transfer of the		ACTUAL ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGN	NED
Certificate, and to the C	2	SIGNATURE / W.D.	(m)
E op 2 à		EXAMINER'S JACK C COLLINS DEPUTY MEDICAL EXAMINER D	7 \
cute the cer forworded FUNERAL or removal.		250. BURIAL, CREMATION, 1220. DATE THEREOF 1220, NAME OF CEMETERY OF CREMATORY 224-TOCKNON (City, town, orlobusty) (Stote)	
5 3 5 5 2		SWLECT Way 31-57 Moreland Womerral Dalto Wa.	
VC ATCHEICT		22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	
VS. A1SME(S) 5M 9/55	35	Date 1 M. W. Juc 2131 Co Duys 21 pare 3 133 Springs. For	140
			¥ ,

BUREAU V. S.

SECEINED

AND SECRATE OF FIRST    Niddle   Lost   Apart   Apart				4930 CERTIFICATE OF DEATH (1)49054/
DE LETTO DE TOWN (If outlide composed limits, write PLANT AND 10 COURTS) (In SECTION OF TOWN (If outlide composed limits, write PLANT AND	director	M	1.	COUNTY D. COUNTY
OR BESTITUTION ALDWAYN  S. NAME OF STORY  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. COLOR OR RACE  S. NAME OF STORY  S. SEX  S. SEX  S. SEX  S. COLOR OR RACE  S. SEX  S. SEX  S. COLOR OR RACE  S. SEX  S. SEX  S. SEX  S. COLOR OR RACE  S. SEX  S. SEX  S. SEX  S. SEX  S. COLOR OR RACE  S. SEX  S.	-			JUNES CREEK 9 YRS 1.2 DNE'S CREEK (19)
DECEASED (Type or print)    DECEASED (Type or print)   DIVIDED   TEAR   FUNDER 2   DIVIDED   TO   FUNDER 3   DIVIDED   TEAR   FUNDER 2   DIVID	by the	4,4	L	BIS WALDMAN AVE. 7315 WALDMAN AVE ON A FARM?
DIVORCED	filled in		L	(Type or print) LEWIS WILLIAM HULL DEATH 5-7- 195
13. AATHER'S NAME  14. MOTHER'S MANE  15. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  16. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per time for [0], [b], and [c].]  18. CAUSE OF DEATH [Enter only one couse per time for [0], [b], and [c].]  19. PART I. DEATH WAS CAUSED BY.  19. IMMEDIATE CAUSE (c)  19. PART II. DEATH WAS CAUSED BY.  19. IMMEDIATE CAUSE (c)  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  19. WAS DECASED EVER IN U. S. ARMED FORCES F	opletely ers. Po	(7)		NALE WHITE WIDOWED DIVORCED FEB 12, 1923 34 yrs Months Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED PROCESS?  16. SOCIAL SECURITY NO.  17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED PROCESS?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  19. Conditions, if any, which gave rise to Immediate course [o], totaling the suder of line [o], and the course [o], totaling the suder of line [o], and the course [o], totaling the suder of line [o], and the course [o], totaling the suder of line [o], and the course [o], totaling the suder of line [o], and the course [o], totaling the suder of line [o], and the course [o], total loss from [o], and the course [o], total loss from [o], and the death occurred at [o], and the courses and on the date state of alive an [o], and that death occurred at [o], and that death occurred at [o], and [o],	ond con	0	L	YARD MAN MOTER FREICHT MARYLAND V.S. A
Part II. DEATH WAS CAUSED BY:   INTERVAL BETWING ON THE PROPERTY WAS CAUSED BY:   INTERVAL BETWING DEATH   INTERVAL BET	W = = ==		L	JOHN P. HULL ANNA WOLF
PART I. DEATH WAS CAUSE BY:    IMMEDIATE CAUSE (a)	fing physe remore 172 ho	The state of the s	13.  Ye	YES N. W. II 218-12-0342 BETTY P. HULL- SHMF
Conditions, if ony, which gove rise to Immediate costs (c), stoling the under lying couse lost.  Part II. other significant conditions contributing to death but not related to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the under the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 1(o) 19 Was authorized to the terminal disease condition given in part 11(o) 19 Was authorized to the terminal disease condition given in part 11(o) 19 Was authorized to the terminal disease condition given in part 11(o) 19 Was authorized to the termina	e offend en plea int withi			PART I. DEATH WAS CAUSED BY: MARCHATTE CAUSE (a) Hoge me phroma, of lett ONSET AND DEATH
Cotice (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTHORSE FOR A LOST OF THE PART 1 (b) 19 WAS AUTHORSE FOR A LOST OF THE PART 1 (c) 19 WAS AUTHORSE FOR A L	es mar ed by th mit. Th			Conditions, if ony, which by Kidney & Metastastases Vilgitis
20c. ACCIDENT WAS UNDERLYING DOOR ON TRIBUTING DOOR CONTRIBUTING D	cian. En signe		Z	cotse (a), stating the under   DUE TO   10 / 10cm vight Kidney, + 111199, 22 ma
OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE  OF CONTRIBUTING CAUSE  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE  OF CON	ine low g physic has be urial-tra	and the state of t	FICATIO	Palycythemia Vera. PERFORMEDT YES NO
21. I certify that I attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	offendin rifficote is the b		AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
alive an 1937, and that death occurred at 1911M, from the causes and an the date stated and the date state	ital or a this cer ar use a		MEDIC	Hour a.m.   White Not white factory, street, office bldg., etc.) !
ACTUAL SIGNATURE ALVANDE M.D. 914 D St. Bo 1 to 19, Md. 3/7/3  PHYSICIAN'S David Owens  PHYSICIAN'S David Owens	he hosp R: After pched f puriol, o			alive on 195, 195, and that death occurred at IFMM, from the causes and on the date stated above
NAME (Type) JOE U) A DOCTO	ed by 1	,		ACTUAL MILES TO SILVED
1 D = 1 Y IZO RUPLAL CREMATION 1776 DATE THEREOF 120 NAME OF CENTERS OF CRUATORY 1274 10CATION ICIA.	e retain ERAL D 3 should gistror p			NAME (Type) Dao 14 Orac 11 Ora
REMOVAL (Specify) 5/11/57 BELAIR MEM. BELAIR, Md			1	SUKIAL 3/1981 BELAIK MEM. BELAIK, MG
VS. A15 [4] 15M 9/55 Willis Impressionally Audity Audity 1948 V 1 1957 Am. Adding	VS A15 (4) 1SM 9/5S	h	A.	the Broke Genelly Audoff, Md 1978 1 0 1957 Am. delley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECENTED AND SELECTION OF THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4854 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY "MARY LAND BALTIMORE **b.** COUNTY MARYLAND  ${ t BALTIMORE}$ b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) ARBUTUS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DR.INSTITUTION ON A FARM? ASHBOURNE RD. YES TO NO TO ACHROIDAR DD NAME OF First Middle 4. DATE Lost Month Day Yeor DECEASED JERNIGAN 24.195 (Type or print) DEATH MAY 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) July 15.1899 Months Days Hours Female white WIDOWED [7] DIVORCED [7] papers. yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Home Baltimore Md carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas J. Johnson Martha Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address John none Jernigan 18. CAUSE OF DEATH [Enter only one coule per ing for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour e.m. While Not while of work of work p. m. 21. I cortify that I aftended the deceased from 2. that I last saw the deceased and that death accurred at 950 A.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) 220. BURIAL, GREMATION, 1225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) **LREMOVAL** (Specify) Burlal 27 - 57Cedar Hill Raltimore Co.. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Hubbard 4107 Wilkens sve DATE 15M 9/5S

BUREAU V. L.

2901 23 AV.

BECEINED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4931 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND Baltimore Marvland Drewoll XXXXXXX b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville weeks Elkridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T House in the Pines Nursing Home 6425 Old Washington Blvd 3. NAME OF 4. DATE Middle Lost Manth DECEASED JOHNSON (Type or print) RREDERICK DEATH 19 1057 Mav 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH male white Manths Haurs WIDOWED [ DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? Railroad Accountant Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William H. Tsabelle Oden IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Hilda M. Johnson, 6425 Old Wash, Blvd. edse 18. CAUSE OF DEATH [Enter only one couse per line for (gf. (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ₫ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** casse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO | 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, office bldg., etc.) While Nat while at wark of work p. m. 1951, that I last saw the deceased 21. I certify that I attended the deceased from 7.536 M, from the causes and on the date stated above. and that death occurred at\_ alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Loudon Park

Wilkens Ave

**ADDRESS** 

22d. LOCATION (City, town, ar county)

24b. REGISTRAR'S SIGNATURE

Raltimorto

24g, REC'D BY REGISTRAR

MAY 14 '57

(Stote)

VS A15 (4) 15M 9/55 220. BURIAL EREMATION.

REMOVAL (Specify)
Burial

23 FUNERAL DIRECTOR'S SIGNATURE

Howard H. Hubbard . 4107

22b. DATE THEREOF

5-15-57

9. 1 "



ORE, 18
ORE,

05759

**CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore M ryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give negrest town! 3401.4 Baltimore Catonsville d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2106 E. Federal St. HOSI I TAL YES NO.T. SPRING CROFF 3. NAME OF First 4. DATE Middle Lost Month Year Day DECEASED OF DEATH 15 May 1957 (Type or orint) Florence Kappes 5. SEX 6. COLOR OR RACE 7. MARRIED 17 NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Hours WIDOWED | Dec. 16, 1878 DIVORCED | female YES. 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Maryland housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minnie Crowe Phillip Watters 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 215-07-6297 Records: GROVE CTATE 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (d) The **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. n. While Not while at work at wark P. In.

ohn C. Miller Inc.-2431 E. Oliver

23. FUNERAL DIRECTOR'S SIGNATURE

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

GROVE

factory, street, affice bldg., etc.)

(County) (State)

(State)

HOSFITAL

15 1957 that I last saw the deceased 21. I certify that I attended the deceased fram. 11 40 P.M. from the causes and an the date stated above alive an and that death accurred at. ADDRESS (Street, city or lown, stole) DATE SIGNED ACTUAL

PHYSICIAN'S NAME (Type)

Catonsville 28. Maryland

May

22a. BUR AL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY REMOVAL (Spenify) 5-20-57 Baltimore Cem.

**ADDRESS** 

22d. LOCATION (City, town, or county) Balto. Md.

240. RECYCLEY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

0 15M 9/55

page

DEADED!

CUREAU V; 49

ISEITAL OR ATTENBING EMYSICIAM: The law requires that the death merificate be exmuted within 2m hours of mr denth: Rage 4
be retained by the haspital or attending physimion.  NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the period director.
3 should be a control oched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 start be filed with egistrar principle, cremation, or removal, and in any event within 72 hours after death.

1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
( PA		ATE OF DEATH  Reg. Dist. No. 23
be filed with	1 PLACE OF DEATH ROSEWOOD State Tr. School	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) Owings Mills, Maryland 36 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rosewood State Training School	d street address Formerly of:  1814 North Durham Street  o. is residence on a farm? YES \( \sum no \( \sum \)
-	3. NAME OF First Middle (Type or print) George A.	Keen, Jr. DATE Month Doy Year Keen, Jr. DEATH 5 14 1957
papers. Pages I and soth.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8 DATE OF BIRTH  8/6/06  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthdoy)   Months   Days   Haurs   Min.
carbon pape ofter death.	106 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NONE	Maryland U.S.A.
	George A. Keen	14. MOTHER'S MAIDEN NAME  Alice V. Stevens
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes. no. or unknown)     If yes, give wer or doles of service	rthur Alex Keen Baltimore 13 Maryland
	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PORT I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PORT I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
permit. Then in any event v	Conditions, if ony, which) (b) Aortic aten	es is
<u>ş</u> .c	gave rise to immediate couse (a), stating the under- lying couse tost.  DUE TO  AVATILES  (c)	Prabetes
removal, and	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Epilepsy Congenital	Mental Deficiences YES NO
<u> </u>	OR CONTRIBUTING LI CAUSE OF DEATH,	D. (Enter nature of injury in Part I ar Part II of sterg 18.)
cremotion,	Haur o. m. White Not white of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) ctory, streef, office bldg., etc.)
ached fo burial, c	21. I certify that I attended the deceased from 2/19/23 alive an 5/14/57 , 19 , and that death	, 19 to 5/14/57 , 19 , that I last saw the decease a occurred at 11:59pm, from the causes and an the date stated above
	ACTUAL RICH, Sunthing (Patholog,)	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
should jistrar pr	PHYSICIAN'S NAME (Type)	Rosewood State Training School
page 3 shou the registrar		rmel Com Baltimore Md
5 (4) /5\$	23 EUNERAL DIRECTOR'S SIGNATURE LIGHT - LOURING + LOUR - ROTTE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

BUREAU V. S.

CEU VI VAI

**CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES NO 1 NAME OF **First** Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days WIDOWED [ DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY \$1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) carban ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physica hours remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ģ any Canditions, if any, which gave rise to immediate DUE TO catse (a), stating the underlying couse last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., atc.) Hour a.m. While Not white at work  $\square$ at work p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased nears and that death occurred at M, fram the causes and an the date stated above. FUNERAL DIRECTOR ADDRESS (Street, city or town, state) ACTUAL prio SIGNATURI Zorle. NAME (Type) אין Koons 22a BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d LOCATION (City, town, or county) (State) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04910

## CERTIFICATE OF DEATH

4935 Item 8 F:1m3215 5-13-57 e Reg. Dist. No. 33

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	,
COUNTY GULLEUTEL MARYLAND	STATE MED COUNTY 19 at	to
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give name	est town)
TOWN     Classification   Time   (in this place)	YA TOWN / Yeillestrein	Kurd
HOSPITÁL ÖR	STREET (If rura! giva location)	
INSTITUTION OR STREET ADDRESS	/ ADDRESS	
STREET ADDRESS		
3. NAME OF (First) (Middla)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) // (LLIE - C - KI)	The DEATH May	7 1957
5. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 1873   9. AGE last birthday   IF'UNDER 1	YEAR HE UNDER 24 MRS.
A RACE WIDOWED, DIVORCED, (Specify) William Del	-114-19151 83 yrs. Manths	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stella or foreign country) 12.	CITIZEN OF WHAT
dona during mant of working life, even If	mare all and	COUNTRY
- neuria Hur	may come	WOK
13. FATHER A NAME	14. MOTHER'S, MAIDEN NAME	
Shadiach Keinfo	Deave Howle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	-4
(Yes, no, or unk.) (If Yespisian war orydetes of service)	Mus Reely King - Ree	cleestorer Me
18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) BROWCHIAL PAL	SUMONIA	3 DAVS
**************************************	THE THE	
ANTECEDENT CAUSE(S) DUE TO	224	5 Days
DISEASES OR CONDITIONS, IF ANY, (8)	of the first	2 43166 Z
GIVING RISE TO THE ABOVE CAUSE DUE TO		
(C) ARTERIOSCIER	OTIC Cal, DISEASE	VEHIC.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
19 1 1		YES NO NO
21a. ACCIDENT WAS UNDERLYING [ ] 21b. PLACE (Home, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY streat, office bldg., atc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (Cily or town) (Count	y) (State)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
While Not while		
M.   at work   at work		
22. I hereby certify that I attended the deceased from 1/2 4 3	2 1957 to 1/104 7 1957 that I	ast saw the deceased
alive on		
		4,
SIGNATURE	ADDRESS (Streat, city, town, state)	PATE SIGNED
1/ Witin 6 Strokel M.D.	Nasterstown Med.	1 3/7/57
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR		(Siala)
PREMOVAL (SPECIFY!)	14 12.18 0	N' MIL
Burel 11/4 10/ Veleus a	up years welltie	) NU
24. REC'D BY REGISTRAR REGISTRAS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	PDRESS
- 0 - 57 M D SI'	Between artite Hayla	stood Mill
DATE 2- 8-2 1 11 are 19. Ches. (	steel xylpion; /1 - 4	THE THE

eath\_After this

after death-

third,

registrar within 72 hours af by the funeral director, the

ŧ.:

4 hours after death.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with 

BUREAU V.

5261 6 YAM

BECEINED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

4026

Rea. Dist. No.

04911

	<b>Z</b> (	JUU						Reg. Dis	t. No.	
D. COUNTY	Baltimore		MARYL	- 11	USUAL RESIDENCE (Who o. STATE	ere decease	d lived If institut b. COUNTY		e before o	dmission)
b. CITY OR TOWN RURAL and give	N (If outside corporate limi	ls, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF o	utside corpo	prote limits, write l	RURAL and g	ive nearest	lown)
Catons	ville				Catonsv	ille				
d. NAME OF HOS OR INSTITUTION	SPITAL (If not in hospitol, g	ive street	address)		d STREET ADDRESS	. 7	4		0	S RESIDENCE ON A FARM?
					5706 Edmo		n Ave.		YE	S   NO
3. NAME OF DECEASED (Type or print)	Mary V		Kirchner		Lost	4. DATE OF DEATH	May 5	nih •	Day	Year 19 5.7.
5 SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	В. С	ATE OF BIRTH		9 AGE (In years			UNDER 24 HRS
Female	White	WIDOW	EDE DIVORCED		arch 9.18	65	92 yrs	Months	26 He	ours Min.
10a. USUAL OCCUPA during most of v	ATION (Give kind of work overking life, even if retired)	one 10b.	KIND OF BUSINESS OR				ountry)	12 CITI		HAT COUNTRY
House	Wife				German					
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME				
Jo	hn Paul Wi	nte	r		Elizabeth					
15. WAS DECEASED I	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	iress		
no	In you give man or sure or s	,,,,,,,	none	F.	Lee Regan	57.06	6 Edmon	dson	Ave.	
18. CAUSE OF	DEATH [Enter only one co	use per li	ne for (o). (b), and (c).]						INTERVA	AL BETWEEN
	DEATH WAS CAUSED BY:		Myocardial	Them	fficiency				ONSET A	AND DEATH
422.	4		117 00-1 11102	2,1,0 4.					-	
Conditions, it	Face subtable		Arterioscle	rotio	e cardio-vas	oular	diseasa			
gove rise to	immediate (									
tying couse to	ug tue ancet-									
	OTHER SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMIN	NAI DISEAS	F CONDITION GIV	VEN IN PART	1(0) 19 W	VAS ALITOPSY
5								APIA MATAWA	PE	ERFORMED?
	WAS UNDERLYING THE NO. TO CAUSE OF DEATH OF MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	CURRED. (6	inter nature of injury in P	ort I ar Por	t II of item 18.)			
ZOC. TIME OF INI		v 20d. I	NJURY OCCURRED 2 Not while	Oe. PLACE factory	OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City	or town)	(Co	ounty]	(State)
P. 1	n. 19	ot wor	k of work							
21. I certify	that I attended the	deceas	ed from Auge 1		, 19 54, to Ma	y 5,	1957	,that   k	ast sow t	the deceased
alive an_M	ay 4.	_, 12_	57 , and that d	leath ac	curred at 12:15	AM, from	n the causes o	and an th	e date s	tated above
	6 0	11	/				treet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	Singe St	Du	Cran	M.D	4116 E	dmond	son Aven	ue	5/	6/57
			//							**********
PHYSICIAN'S (NAME (Type)	George A. Kn	lpp,	M. D.		Baltim	ore 2	9, Maryl	and		
220. BURIAL, CREMA	TION, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR CI	REMATORY	22d. LOCAT	TION (City, town,	or county)		(Slote)
Burial	May 7,19	57	Loudon F	ark		Bal	Ltimore	,		,,
23. EUNERAN DIRECTO			ADDRESS		24a. REC'D	BY REGIST	RAR 24 REGI	STJEAR'S SIGI	MATERE	
1-tour	A Lal.	119	712111 Ba	Ha	DATE MI		57 1	Leau	eh	
			THE WALL OF THE		NAME OF	134 6	040	40		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EAU V. E.

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MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
WAK I DAIND	SIATE DEPARTMENT	OF REALIR-	-BALIIMOKE,	10

04914

		49	20	CERTIF	ICA	TE OF D	EATH	1			Reg. Dist	_	X O L X
1.	PLACE OF DEATH		-		П	2. USUAL RESID	ENCE (Wh	ere decease	d lived. If in	stibution	Residence	e before o	Imission)
	o. COUNTY	Baltimore		MARYLI	AND	o. STATE		aryla	5 60			Ltimo	
	b. CITY OR TOWN RURAL and give	(If outside corporate limited test town)	is, write	c. LENGTH OF STAY IN	4 16	c. CITY OR TO	OWN (If o	utside corpo	prote limits, v	vrite RUR	AL ond gi	ve nearest	fawn)
	Catonsvi	lle		SyrlOmthl4	dys	💢 🐪 Bal	ltimo	re					
Г	d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET AL	DDRESS					e. IS	RESIDENCE
	SPRING OR		HOSP	TTAL		St. The	omas '	Tane .	- Owin	ore. M	111-		N A FARM?
3.	NAME OF DECEASED	Fir	al .	Middle		Last		4. DATE	VHI	Month	المار طوطه بالد	Day	Yeor
	DECEASED (Type or print)	Mini	nie	Long		Knight	t.	OF DEATH		Mar		15	19 57
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		. DATE OF BIRTH		1			UNDER 1		INDER 24 HRS.
	female	white	WIDOW		_	April 7.	100	6	9. AGE (In lost birth	day)			ours Min
10				KIND OF BUSINESS OR						713.	12 CITIS	ZENI OE W	HAT COUNTRY
	Buring most of wo	orking life, even if retired	)										
13	FATHER'S NAME					14. MOTHER'S	zinia	4445				U	S. A.
		T.A.m.m							. 77				
15	Henry	ER IN U. S. ARMED FOR	CEC2 IV	SOCIAL SECURITY NO.	17 161	FORMANT	ary r	. Coro	1617				
(Y	st, no, or unknown)	(If yes, give wor or dates of s	ervice)	_		_				Address			
L	no			unknown	Re	cords:	SPRI	NG CRO	OVE S'	TATE	HOS	SPITA	
		EATH [Enter only one co										INTERVA	L BETWEEN
	PARI I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	) A	rterioscler	otic	cardio	rascui	lar di	Lsease				708
	163×	DUE TO											
	Conditions, if		M	etastatic ca	arci	noma to	the .	left p	leura	and			
	gove rise to couse (o), stating		a	xilla									
	lying couse lost		)										
ĕ	PART II. O	THER SIGNIFICANT CON	DITIONS_	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMII	NAL DISEAS	E CONDITIO	N GIVEN	IN PART	1(o) 19. W	AS AUTOPSY
SH	4	22.1											RFORMED?
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of	injury in P	ort I or Por	t II of item 1	B.)			
	(IF EITHER, NOTIF	G I CAUSE OF DEATH Y MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Yes	or 20d. II	NURY OCCURRED 2	Oe. PLAC	E OF INJURY IH	ome, farm.	20f. (Cih	or lown)		(Ce	ounty)	(Stole)
Ē	Hour a. j.,		While of wor	Not while	focto	ory, street, office	bldg., etc.	)			100	,,	(arore)
2	p. m.				4	~ 60				44.554			
		that I attended the	deceas	ed from May 8	<u> </u>		, to	ey_1	Ž, 19	2571	hat I lo	ist saw t	he deceased
	alive on	May 15	12_	_2/, and that d	leath (	occurred at_						e date s	tated above.
	ACTUAL C	00: 0-	2	0 -	7.5				treet, city or	town, sto	le)		DATE SIGNED
	SIGNATURE	Kus so. 1	10	ratten/	KA	3 SPRIN	ig Gra	OVE S	TATE	HOS	PITAL	J	5-16-57
	PHYSICIAN'S												
	NAME (Type)			Lin, M. D.		_Cat_on	svill	Le 28.	Mary	land			
22	BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THEREO	F	22c. NAME OF CEMETE		CREMATORY			TION (City, to	own, or c		(	Stole)
L	Rurial	" 5-20-57	7	Reforme	d			NE TATA	TIVE	E.	IARY,	LAND	1
23.	FUNERAL DIRECTO	E'S SIGNATURE	7	ADDRESS	1	/	24a. REC'D	BY REGIST	RAR 246.	REGISTR	AR'S SIGN	NATURE	
1	9. ABE	Lessa VE	BHN	SWECK MARY	ZAN	Dad-	DATEMAY	23 5	7 (de	200	Acres	1	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 049120 4940 **CERTIFICATE OF DEATH** Rea. Dist. No. Poge director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND Baltimore Baltimore Maryland ero ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) Fullerton Fullerton VTS. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 Box 693 Gerst Ave. Box 693 Gerst Ave. YES NOT puc Ξ. NAME OF 4. DATE First Middle Last Month Day Year DECEASED OF 1957 25 Eva Koh? May (Type or print) DEATH Druid S. SEX 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Haurs Min. DIVORCED [ WIDOWED 3 popers. Female. White May 13 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. housewife at home puo Baltimore. U. S. A. corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion George Baver W. Marv E. Lewin emove. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address fif yes, mye wor or dates of service) attending Mr. Edward S. Kohl 8059 No None Roslvn Ave 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN 5 months ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of stomach **DUE TO** ģ any Conditions, if any, which (b) signed gave rise to immediate **DUE TO** caese (o), stoting the underlying couse lost. buriol-transit (c) CATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NOTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour c. m. factory, street, office bldg., etc. While Not while at work at work p. m. Nov. May 21. I certify that I attended the deceased from ...that I last saw the deceased r'ached 1:30a.M., from the causes and on the date stated above. alive on tained by the and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED 8019 Philadelphia Road ACTUAL pe SIGNATURE prio ס shout PHYSICIAN'S FUNERAL James R. Mason. M. D. Baltimore 6. Md. NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) May 28. 1957 Zion Lutheran Stemmers Run. 0 245 REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/5S

ofter deoth;

executed

certificate

deoth

thot

BUREAU V. E.

DECE 23 AV.

1 -	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, All	4941 CERTIFICATE OF DEATH  Reg. Dist. No. 3
director iled.will	1. PLACE OF DEATH  o. COUNTY,  O. COUNTY,
on the second	b. CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
by the fi	d NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  ON A FARM?  YES   NO
illed in	3. NAME OF DECEASED (Type or print) Bessie Widdle Kolery OF DEATH May 14 1957
etely fi	5 SEX 6/COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE In your IFUNDER 1 YEAR OF UNDER 24 HIS lost birthday) Months Days Hours Min.
Papers papers cath.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 15-BIRTHPLACE (State or foreign caunity)  12 CITIZEN OF WHAT COUNTRY?
brod /	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hysicion amove cor fours off	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. TY, HINFORMANT
oding and rest	(19 sn. oper fraknown) (19 yes, give wor or dotes of service) Horace & Holary, That Hall Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
e atten en pler at with	PART I. DEATH WAS CAUSED BY: ACUTE CORONARY THROMBOSIS ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
by the	Conditions, if any, which ) (b) HYPERTENSTON CARDIO-VASCULAR RENAL LOVRS.
signers signers d in o	gave rise to immediate cause (a), stating the under- DUE TO  Dy SEASE, (c)
hysicia s Memn sl-trans val, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ding poste has burio	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
certific certific ion, o	TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
pital or this or this cremo	p. m. 19 of work of work
he hos R: Afte ached burial,	21. I certify that I attended the deceased from 1/14 / 2 , 1957, to MAY 14 , 1957, that I last saw the deceased alive on MAY 13, 1257, and that death occurred at 2/30AM, from the causes and on the date stated above.
MECTO be det	ACTUAL SIGNATURE Sloyd C. Saylor M.D. 3902 GREENMOUNT AVE. MAY14, 57
retaine RAL Di should stror pr	PHYSICIAN'S LLOYD E. SAYEOR BALTIMORE-18, MP.
FUNE oge 3	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stole)  REMOVAL (Specify AZY / 7/95 New Freedom em. New Freedom, Fennal
VS A15 (4)	23. JUNEAU DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. AGGISTRAR'S SIGNATURE
15M 9/55	Stocked Horstensien, West Tallabin, V. W., DATE 6/16/37 Kokcerlan & Fellis



BUREAU V. E.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Lana

Rea. Dist. No.

Baltimore

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stofe)

DATE SIGNED

(County)

Mari

e. IS RESIDENCE

ON A FARM?

YES NO DEC

Yeor

19

TEGET PIN. 1957 ... S. W. M. M. W. S. W. W. S

FUNERAL DESCRIPTION The law requires that the death certificate be filled with certificate has kind executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

DATE

# After this by of this after death. 72 hours after de director, the third the registrar within in by the funeral

40

copy

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04919

arti.	4	944 CI	RTIFIC	ATI	OF I	DEA		teg. Dist.	No	
1. PLACE O	F DEATH	~ <u>~~</u>			2. USUAL P	RESIDEN	CE (HOME) OF I			
COUNTY	Baltimore		MARYL	4 m.m.		arylai		Balti		
CITY (If ou	, write RURAL	CITY (If ou		rate timits, write RURAL						
OR and g TOWN	TOWN	Cato	nsville							
HOSPITAL O	Catonsvi			rs.	STREET			iva location)		
STREET ADDR	115 115	Bloomsbur	y Ave.		/ ADDRESS	115	Bloomsbury	Ave.		
3. NAME OF DECEASE	D		(Middla)		(Lesi)		4. DATE (Mc		(Day)	(Year)
(Type or Print	LENA		CAROLINE		LANEHART		DEATH	May	14th.,	19 57
5. SEX	6. COLOR OR RACE	7. SINGLE, WIDOW	FD. DIVORCED.	8. DATE C		1	9. AGE lest birthday	Months		INDER 24 HRS
Female	White		Widow		28, 1877		80 yrs.	Months	Days I	ours Min.
done during	UPATION (Giva kin most of working life	d of work 10 s, aven if	OF INDUSTRY	s	11. BIRTHPLACE (S	lete or forei	gn country)	12.	CITIZEN OF	
retired) He	ousewife	Ow	m home		Germai	9			ប. ន.	A.
is, twintics by		-7 V-7-b			14. MOTHER'S	MAIDEN !				
15 WAS DECEA	WILLS SED EYER IN U. S.	elm Kelch	l 16. SOCIAL SECU	PRITH NO	1 47 11/00	7	Schumack			A . 78"
(Yes, no. or unk.)		or dates of service)	IO. SOCIAL SEC	JKIIT NO.		MANT & A	e Simons 11	onsvil 5 Bloo		
I DISEASES OR	CONDITIONS DIREC	TLY LEADING TO D	EATH 18. MEE	PICAL CE	RTIFICATION		1		INTERVAL	L BETWEEN
	AMEDIATE CAUSE	(A)	4	Uricy	lar &	ibr	Mation			viek:
	TECEDENT CAUSE(S		(1	arci	noma	/ 21	t brea	11	Dun	8 191
GIVING RISE TO	ONDITIONS, IF AI THE ABOVE CAU LYING CAUSE LA	JSE DILL TO							200	0 / 10
		(C)								
TO THE DEATH	ICANT CONDITIONS I BUT NOT RELATED ONDITION CAUSING	TO THE	23000							
19a. DATE OF OF	PERATION	19b. MAJOR FINI	DINGS OF OPERATION	1					20. At	NO
OR CONTRIBUTING	WAS UNDERLYING G  CAUSE OF DEA MEDICAL EXAMIN	TH OF INJURY	(Homa, farm, factor) street, office bldg., atc.	/j	21c. WHERE DID INJU	JRY OCCUR	? (City or town)	(Count	у)	(State)
21d, TIME OF INJ	IURY (Month) (D	sy) (Ysar) (Hour)	While Not	while work	21f. HOW DID INJU	JRY OCCUP	17			
	5 47	I attended the	deceased from	1,8	5:30Am, 11	om the c	auses and on the	date stated		e deceased
23. BURIAL, CRE REMOVAL (S BUT	SPECIFY)	5/17/195		cemetery or on Park			Baltimor			(State)
24. REC'D BY RE	GISTRAR MAY 2 0 '57	REGISTRAR'S SIGN			25, FUNERAL DI	RECTOR'S	SIGNATURE	A	DDRESS	Mā

Easton Sougatonsville, Md.

2 .V UABTLA

CEINED.

04920

**CERTIFICATE OF DEATH** 

Pag Dist No

			_							Mad' MI		
	1. PLACE OF DEATH a. COUNTY Ba	ltimore		MARYL	AND	2. USUAL RESIDENCE ( o. STATE Mary			ved. If instituti b. COUNTY			issian)
	b. CITY OR TOWN (	If outside carporate limi	ts, write	c. LENGTH OF STAY II	ч 1Ь	c. CITY OR TOWN (			e limits, write R	URAL and g	ive nearest to	wп)
	Catonsy			7yr5mth29d	vs.	Seat Ple	asa	nt Ma	ryland	1.12 %	e Luga	
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g	ive street	address)		d. STREET ADDRESS					e IS R	ESIDENCE A FARM?
	SPRING GOVE STATE HUSETTAL Seat Pleasant,			Md.			] NO []					
	3. NAME OF DECEASED (Type or print)	Fii Geor		Middle S.		test Langley	4.	DATE OF DEATH	Mor May	nth	0 <sub>6</sub>	Year 19 57
	5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED		B. DATE OF BIRTH		9,	AGE (In years last birthday)		YEAR IF UN	
	male	white	WIDOW	DIVORCED		1875			81 yrs.	Manths	Days Hour	Min.
	10a. USUAL OCCUPATION during most of wor	king life, even if refired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (SEE	ate ar fi	areign cour	try)		J. S. I	T COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S MAIDER	MAN N	E				
	Unknew	n				Unknown						
	15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. II	NFORMANT			Add			
	(Yes. no. or unknown) Unknown	(ii jul grand drada or	1	unknown	Re	ecords: SPR	IING	CROV	STAT	E HUS	SPITAL	
k	ICATI	mmediate the under DUE TO (c	)	ONTRIBUTING TO DEAT	н вит	tic cardiovs	RMINAL	DISEASE C	ONDITION GIV	/EN IN PART	PERF	AUTOPSY ORMED?
	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)				). (Enter nature of injury						
	Y 20c, TIME OF INJUR Heur a. ji. p. m.	Y Manth, Day, Ye	While	VJURY OCCURRED 2 Not while at work	fac	CE OF INJURY (Home, for tary, street, affice bldg.,	elc.)	f0f. (City or	town)	(Co	ounly]	(Stote)
	21. I certify the alive an Ma	fat I attended the iy. 3. Fulla	125	_	leath	25_, 19.57_, to_ occurred at 10 w.b. SPRING	A.LN	RESS (Stree	to causes of town,	and an th	e date sta	e deceased ted abave. DATE SIGNED 5-6-57
	PHYSICIAN'S NAME (Type)	Stella 1		ler, M. D.		. C tonsy	111	e 25,	Maryla	nd		
	220. BURIAL, CREMATIC REMOVAL (Specify)	weny !	f S わ	22c NAME OF CEMET	N.	ecl-School	22d	3 all	NLICity, town, i	or equaty)	(510	ote)
	23. FUNERAL DIRECTOR	<b>SIGNATURE</b>		ADDRESS		24a. RE DATE	C.D BA	REGISTRA	Can	STRAR'S SIGI	¥	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be the far use as the burial-transit permit. Then please remays eachon papers. Pages 1 and 2 state registrar prior burial, cremation, ar removal, and in any event within 72 har's offer death. VS A15 (4) 15M 9/55

paerol director, be filed with

BUDEAU V. &

DECENALD

- Company	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0/1921
	Thomas 16: Gars Sport 25 CERTIFICATE OF DEATH Reg. Dist.	No.
E.L	1. PLACE OF DEATH .  o. COUNTY GALL Baltemore MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence b. COUNTY	before admission)
8	b. CITY OR TOWN (If outside corporate limits, write RURAL and give reports) town)  C. CITY OR TOWN (If autside corporate limits, write RURAL and give RURAL and give reports) town)	e nearest lawn)
11	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  OR INSTITUTION  OR DESCRIPTION  OR DESCRIPTION	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Coward First Models A Dary Y. DEATH Mult	Day Yeor 7 19.57
	Mule williste WIDOWED   DIVORCED   July 30/1895 last birthdoy) Months Di	YEAR IF UNDER 24 HRS. ays Hours Min.
1	notified fresh of Manitage Man. Baltinere	EN OF WHAT COUNTRY
1)	13. FATHER'S MAIDEN NAME ROYCEOFT	
シャ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) 2/2 - 10-773 peuto Lewy & Essey	026 Clus
and	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
ny eve	Canditions, if ony, which) DUE TO Carterioscherotic coronary Least dise	an .
	gave rise to immediate case (a), staling the under- lying cause lost.  (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19 While Not while of work at work	enty) (State)
	21. I certify that I attended the deceased from June 22, 1951, to 1957, that I lost alive an 1957, and that death occurred at 5:100 M, from the causes and an the	st saw the deceased
F ,	ACTUAL MADE SIGNATURE M.D. 680   Below 624	DATE SIGNED
. '	PHYSICIAN'S NAME (Type) Baltimore 6, MY	
the regi	220. BURIAL CREMATION, 22b. DATE PHEREOF/ 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2024 240, REGISTRAR 246, REGISTRAR'S SIGNALLY HOLLING COLORS	Barlen
		12

BUREAU V. S.

YAM.

SECELL P

14

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
70.0	CERTIFICATE	OF DEATH	

04922

<u></u>									Keg. D	1\$1, INO.		
1.	PLACE OF DEATH a. COUNTY	Baltimore		MARYL	UND 2	USUAL RESIDENCE (Who a STATE M ryla		d lived. If institu b COUNT		nce befor	e admiss	ion)
Г	b. CITY OR TOWN RURAL and give	(If outside corporate limits, wi	rite	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If ou	utside corpo	rote limits, write	RURAL and	give neo	rest town	1}
	Catchsvil	lle	- 1	lyrlmth4dy;	5	Baltimore	y' 15.	1 1				
Г	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give s	treet a	ddress)		d. STREET ADDRESS					e. IS RES	
L	4T 30000 4	GROVE STATE	HO	SFITAL		404 N. Bend	Road	1				FARM?
3.	NAME OF DECEASED	First		Middle		last	4. DATE	Mc	onth	Day	y '	Year
	(Type or print)	Otto	3	C.	Leb	man <b>n</b>	OF DEATH	Me	W	7		19 57
5.	SEX	6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED	В.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	TYEAR	-	ER 24 HRS.
	male	white win	OOWED	DIVORCED		March 7, 18'	73	last birthday)		Days	Hours	Min
100	USUAL OCCUPAT	ION (Give kind of work done rking life, even if retired)	10b. K	IND OF BUSINESS OR	INDUSTR			ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	unl	Known				Germany			Germany			
13.	FATHER'S NAME					14 MOTHER'S MAIDEN NA	AME				-	
	Adolf	Lehman				Amelia M	uche					
15.	WAS DECEASED EV	'ER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)	16 \$0	OCIAL SECURITY NO.	17. INFO	RMANT		Ad	dress			
	unkt.cwnd	(it has flow and or octor or service)		unknown	Rece	ords: SPRING	G GR	OVE STA	TE HO	OSPÍJ	ral	
Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
	PART I, DE	ATH WAS CAUSED BY:	50,	neestiv	0	heart &	mil	100		ONSI	ET AND	DEATH
	LL at K. 1 DUE TO 1											
	Conditions, if	ony, which ) the	123	Heriosch	270	tic cold	1000	ocake	2 17	00,0		
	gave rise to cause (a), stating	immediate (		<del></del>	7 V: V			1000	7	1 684	N.	
	lying cause last											
CERTIFICATION	PART II. O1	THER SIGNIFICANT CONDITION	ONS CC	NTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GI	IVEN IN PAI	tT 1(a) 19		AUTOPSY PRMED?
	200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING 206. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCR	RIBE HOW INJURY OCC	CURRED. (	Enter nature of injury in Po	art I ar Par	II of item 18.)				
MEDICAL	20c. TIME OF INJU				De. PLACE	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City	or town)	(	County)		(State)
MEC	Hour a. fi.	16	Vhile t wark ļ	Not while at work	racion	the succest arrive profit arti						
	21. I certify t	hat I attended the dec	ceasea	from Marc	h 27	19 56 to 19	au 1	3/ , 195	2 that I	last ra	w the	deceases
	alive on_M	any IST			leath o	ccurred at a jung		the course	and on t	ho dat	o state	d above
		1	A .			/ A	DDRESS (S	reel, city ar tawn	, state)	no dan		ATE SIGNED
	ACTUAL SIGNATURE	Viraller l	Wa	celleter	M.D	SPRING C	ROVE	STATT	HOS 1	TAL	5	-2-57
	PHYSICIAN'S NAME (Type)	Stella Wa	chs]	ler, M. D.		Catchsvi	lle 28	, Maryl	and			
220	BURIAL, CREMATIO	ON, 226. DATE THEREOF	Ī	22c. NAME OF CEMETI	RY OR C	REMATORY	22d. LOCA	ION (City, tawn,	or county)		(State	e)
	Burial	May 4/57		Loudon Pa	irk			imore.				
-	FUNERAL DIRECTO			ADDRESS		240. REC'D	ay REGIST		ISTRAR'S SI	GNATUR	E	
II.	arry: H. W	itzke,4101	Edn	nondson A	ve.	MAY-6	'57	0001				

BUREAU V. S.

SECT 8 YAY

DECENAED

#### 4948 **CERTIFICATE OF DEATH** Rea. Dist. No With H director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission Baltimore filed . b. COUNTY MARYLAND death: b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give neorest town) Fort Howard 10 Minutes Baltimore d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2905 East Cold Spring Lane Veterans Administration Hospital YES NO DE puo Ē NAME OF 4. DATE First Middle Day Year OF DEATH 57 (Type or print) JOSEPH W. LESKY May 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years 5. SEX las birthday) Months Hours Days Male White October 25.1892 DIVORCED [7] WIDOWED T 10g. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) Baltimore, Maryland Band Musician puo carbon 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Charles Anna Kein remove IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Clin.Rec.Vet.Adm. Hospital.Ft. Howard, Md. 216-09-7139 es 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g) ACUTE PYETONEPHRITIS, BILATERAL, WITH ABSCESS WEEKS TO EXTE FORMATION BRONCHOPNEUMONIA permit. Conditions, if onv. which 2 WREKS gave rise to immediate DUE TO cause (a), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19 WAS AUTOPSY PERFORMED? YES IN NO [7] 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED 20f. (City or town) (Stote) (County) factory, street, affice bldg, etc.] Hour a.m. While Nat while at wark at wark ached far 21. I certify that attended the deceased from May , to Marr That Cancer Views TO FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED M.D. VAH, FORT HOWARD, MARYLAND SIGNATURE 3 should PHYSICIAN'S CHIEN WEI LAN. M.D. VAH. FORT HOWARD, MARYLAND NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) page REMOVAL (Specify) Baltimore National Cem Baltimore, Maryland Buri al 23. FUNERAL DIRECTOR'S SIGNATURE 246, REGISTRAR'S SIGNATURE VS A1S (4) Leonary Ruck, 5305 Harford Rd., Balto, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED TO

BUREAU V. S.

114924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be ď cremation Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH e. COUNTY Baltimore o. STATE **b.** COUNTY Maryland MARYLAND b. CITY OR TOWN (If suiside corporate limits, write RURAL e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 10mth23dys Baltimore Catonsville director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? files. 1413 Union Avenue G ROVE STATE HOS ITAL YES NO K 3. NAME OF Eirst Middle 4. DATE Month Day Year DECEASED (Type or print) Nettie Linaberg DEATH May 13 57 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. loss birthday! Months Days retained female white 25, 1871 WIDOWED DIVORCED [ yes. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Foreign country) 12. CITIZEN OF WHAT COUNTRY? O during most of working life, even if retired) pup U. S. A. puo West Virginia 9 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Tevbelt Philip Orndorff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address STATE HOSP ITAL Records: SPPING GROVE unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute cardiac failure IMMEDIATE CAUSE (6) DUE TO Arteriosclaptic cardiovascular disease Conditions, if ony, which] pencil gove rise to immediate couse **DUE TO** (o), stoting the underlying Generalized arteriosclerosis couse jost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO E 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Pt. 1 e.1. PRIMARY | = CONTRIBUTING | 5-2-57 sustaining a fractue of the right hip. 3 should writing the ward 20d. INJUPY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while Medical Nº of work of work Catonsville 28. Md. hosnital Page 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection inquiry and find that death resulted from: Natural causes [ Accident IV. Suicide . Homicide . Undetermined cause S 2 ta the DIREC ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE a. farwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER 5-14-57 **EXAMINER'S** George M. Kieffer. M. D. DEPUTY MEDICAL EXAMINER NAME (Type) cute th 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) 0 FLINERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS. A15ME(5) MAY 14 DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

1961 91

DELVICIO

#### CERTIFICATE OF DEATH

1	1		* 71	7:3		9711	I OI DEMII	•		Reg. Dist.	No.	
اغ		PLACE OF DEATH	2011			- 11	USUAL RESIDENCE (WI		lived If instituti		before od	mission)
Ī			Baltimore,		MARYLAN	Ю	New York	c	B. COUNTY			
		b. CITY OR TOWN ( RURAL and give or Catonsy	f outside corporate limit eorest town)	s, write	c. LENGTH OF STAY IN	Ь	c. CITY OR TOWN (IF		ote limits, write f	URAL and giv	e nearest t	lown)
ł	-		AL (If not in hospital, g	ve street	Orldcass)		New York				1 46	DECIDENDE
l		OR INSTITUTION	Shady Nook	Nu	rsing Home		G. SIKEEL ADDRESS	(	*× . 3		0	RESIDENCE N A FARM?
ı	3.	NAME OF	Fin	ling	Middle		Lost	4. DATE	Mor	ıth	Day	Year
ı		DECEASED (Type or print)	Mary	7	Frame		Mahool	OF DEATH	May	18		19 57
ı	5. :	EX			RIED NEVER MARRIED	7 B. C	ATE OF BIRTH	T	P AGE (in years		_ 7	NDER 24 HRS.
ı		Female	white	WIDOW	ED DIVORCED	] Oc	t. 19, 1870		lost birthdoy) 86 yrs.	Months D	ays Ho	urs Min.
	10c	during most of woo	ON (Give kind of work of king life, even if retired)	one 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stote Baltimore	or foreign co	untry)	12. CITIZ	EN OF WI	HAT COUNTRY
	13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME				
ı		George	Frame				Mary Matil	lda Ste	wart			
ı			R IN U. S. ARMED FOR			7. INFO			Add			
ı						homa	s Mahool Jr	• 21 M	errymous	at Rd.	Balto	Md.
ı				se per li	pe for (o), (b), and (e).]						INTERVAL	BETWEEN
Į		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	1	ovneho	-6	neenro	ned			Af C	NE DEATH
		441	DUE TO									
		Conditions, if a										
ı		gove rise to i couse (o), stating										
ı		lying couse lost.	(c)									
ı	CERTIFICATION	Orteni	TER SIGNIFICANT CON		CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1	PE	RFORMED?
ı	FIC	20g. ACCIDENT W			CRIBE HOW INJURY OCCU	RRED /F	nter noture of injury in	Port 1 or Port	II of item 18.)		TES	□ NO □
I		OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		Canal How Hook I occu	nness (s	ine notes of injury in		17 01 116111 12.7			
ı	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea			PLACE	OF INJURY (Home, farm, street, office bidg., etc.	20f. (City	or lown)	(Co	unty)	(Stote)
l	MEC	Hour a. n. p. m.	19	While of wor	Not while	rociory	. area, ornee plog., ele	<b>'</b>				
Ì		21. I certify th	at I attended the	deceas	sed from Van	3	, 19 0 to 1	May	18 190	Zthat I la	st saw t	he deceased
l		alive on 7)1	ay 17	12_3	SZ, and that de	ath ac	curred at 7.5	M. fram	the causes o			
ı		1	11 11		91				eet, cily or lown,			DATE SIGNED
l		ACTUAL SIGNATURE	Joll or	297	FOX-	M.D.	1118	St. Par	ul St.			
		PHYSICIAN'S NAME (Type)					Palti	more 2	. Md.			
	220	BURIAL, CREMATIC REMOVAL (Sprify)	N, 226. DATE THEREO	F	22c. NAME OF CEMETER	Y OR CE	EMATORY	22d. LOCATI	ON (City, town,	or county)	(1	State)
I	E	urial	May 22. 1	957	Druid Ridge	Ð		Pikes	ville,			Md.
I		FUNERAL DIRECTOR		_	ADDRESS	***		D BY REGISTR		STRAR'S SIGN	ATURE	
1	Jo	hn 0. Mit	chell & Son	s In	c. 1900 Euta	W PI	DATE I	MAY 2 0	3/ UW	in eau	ch	

funeral directar, may be retained by the haspital or aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is the registrar prior burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4

BUREAU V. S.

7561 1· ·

DBAS.

VS A15 (4) 15M 9/5S

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

04926 Reg. Dist. No.

. 49	51	CERTIFIC	ATE OF DEAT	TH .	Reg	. Dist. No.	31
1. PLACE OF DEATH o. COUNTY  Baltimore		MARYLAND	2. USUAL RESIDENCE (1 o. STATE Md.	Where deceased live	d, If institution. Re b COUNTY	Balto.	dmission)
b CITY OR TOWN (If outside corporate lin RURAL and give nearest town) Rockdale	nils, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN (I		imits, write RURAL	ond give nearest	town)
d. NAME OF HOSPITAL (If not in hospital, or INSTITUTION 8045 Liberty		)	d. STREET ADDRESS 8045 I	iberty Rd	•	0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) AUGU	int ST	Middle	Lost MALTHAN	4. DATE OF DEATH	Month May	Day 6,	Yeor 19 57
5. SEX 6. COLOR OR RACE male white	WIDOWED G	NEVER MARRIED  DIVORCED	Apr. 25, 18	375 "	82 yrs. Mon	DER 1 YEAR IF L	JNDER 24 HRS. Durs Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Master Plumber (rtd)	rd) _	of Business or Ind Dloyed	DUSTRY 11. BIRTHPLACE (Sto	te or foreign country	12	CITIZEN OF W	HAT COUNTRY?
)3. FATHER'S NAME ILENTY Malthan			14. MOTHER'S MAIDEN				
15. WAS DECEASED EVER IN U. S. ARMED FO (Yos, no, or unknown) [If yes, give wor or dates of			informant r. Charles H.	Kirchner	Address = 1513 F	entridge	a Rd.
	(c) Pular	BUTING TO DEATH BE	UT NOT RELATED TO THE TER	MINAL DISEASE COI	NDITION GIVEN IN	` Pi	ERFORMED?
PART II. OTHER SIGNIFICANT CO	206. DESCRIBE H	OW INJURY OCCUR	RED (Enter nature of injury i	n Part I or Part II of	item 18.)	YES	5 🗌 ОИ 🗍
20c. TIME OF INJURY Month, Doy, Y Hour o. m. p. m.	fear 20d, INJURY (	OCCURRED 20e.	PLACE OF INJURY (Home, fo factory, street, office bldg., a	orm, 20f. (City or to	wn]	(County)	(Stote)
21. I certify that I attended the olive on May 6	le deceosed from 1957		19 12, to th occurred of 6 1				the deceased tated above. DATE SIGNED
PHYSICIAN'S EDWIN L	L. PIERI	PONTIMA	8204/	1BERTY	Rev.	BALTO.	2.M.V.
220. BURIAL, CREMATION, 225. DATE THERI REMOVAL (Specify) Entrophysics 5/9/57	, ,	NAME OF CEMETERY	ans	Woodla	(City, town, or cour am Md		(Slote)
23. FUNERAL DIRECTOR'S SIONATURE	er Y fo	ns-Ral	17 1 DATE	C'D BY REGISTRAR	245. REGISTRAR'	S SIGNATURE	Martin

BUREAU V. S.

DECEINED SOLVER

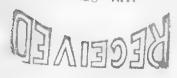
11 (18)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
18 6	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ose exenanted the control of the con	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
She She	a. COUNTY BALTIMORE MARYLAND a. STATEMARTLAND b. COUNTY BILLTIMORIS
ge J	b. CITY OR TOWN (If outside corporate lamits, write RURAL on give nearest town)
necessary	DUNDALK 21 YES DUNDALK
is nector.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
price (	1909 ADAMS ROAD 1909 ADAMS ROAD YES NO NO
delo ol d trar fil	3. NAME OF First Middle Last 4. DATE Month Day Year OF
une yai	(Type or print) WILLIAM S. MANNILLER DEATH MAY 13 1957
t for the f	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yours lost by the doys) Months Days Hours Min.
# 5 5 # # 5 5 # # 5 5 #	11/11/15 WIDOWED DIVORCED 170CT-23.1893 6/ yrs.
2 to 3 de	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  during most of working life, even if retired)
be ond	SHIP FITTER SHIPYARD DENNA. U.S.A.
1. 2 1. 2 1. 2 1. 1. 2	13. FATHER'S NAME
t hour ges 1	DOSEPH MANNILLER DINT KNOW
in 24 l	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   If yes, give wor or dates of service)
(重5点) 人	NO 1 - 213-07-7352 MRS. FRANCES MANMILLER ADAMS
W. S. S. W. L. W.	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ]  PART I. DEATH WAS CAUSED 81:  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
e a de	IMMEDIATE CAUSE (a)
exe The first free onsi	4 0, DUE TO
oli ii y oli ii y oli ii y	Canditions, if any, which   [b] / gave rise to immediate cause
pen pen slan buri	(a), stating the underlying DUE TO
\$ .E 9 9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PROPERTY OF PROPE
d Officer	DCDCODALCO2
ertif ers ers ers	YES NO DESCRIPE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  YES NO DESCRIPE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
5	U CAUSE OF DEATH.
Exo Exo haul	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCUERED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
NES isol	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCUBRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bidg., etc.)  While NOT while factory, street, affice bidg., etc.)  P. m. 19 of work of work
EXAMINER: riting the w ef Medical & ?: Page 3 sh	21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry .
E E E E	death resulted from: Natural causes []. Accident [], Suicide [], Hamicide [], Undetermined cause [].
S T T T T T T T T T T T T T T T T T T T	I ma-
MEDICA Historie, Digeon	SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
Certific de la Cortificación de la Cortificaci	ASSISTANT MEDICAL EXAMINER \
DEPUTY Jule the ce inverted FUNERAL r removal.	EXAMINER'S NAME (Type) //.//) AVIS // DEPUTY MEDICAL EXAMINER
	22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State)
5 2 5 3	BUICIAL MAY 16.1950 OAIT LAWN COLGATE MP.
VS. ATSMEIST	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2/12 240. REGISTRAR'S SIGNATURE
5M 9/55	ULURICH FUNERAL HOME PURDALK DATE 5/16/57 Am A Tend &
·	77.0



/ H#	$\mathcal{A}$	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	儿	CERTIFICATE OF DEATH  Reg. Dist. No. 33
N OS I		a. COUNTY Balling Ye, MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. county, Balling Ye, MARYLAND
8 <b>6</b>		b. CITY-OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  A. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS,  e. IS RESIDENCE
2 0		OR INSTITUTION dele town. Middle town YES NOON
o co		NAME OF DECEASED (Type or print) / A y y / Cullough Day Year OF DEATH May 2/ 195
		6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF GIRTH  WIDOWED DIVORCED April 30 1880  9. AGE (In roars IF UNDER 1 YEAR IF UNDER 24 HR. Months Doys Hours Min.
ban papers. er death.	7 [	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTY 13 CITIZEN OF WHAT COUNTY 14 CITIZEN OF WHAT COUNTY 1
8 8		13. FATHER'S NAME WINE AND CELLOUGH. IM. MOTHER'S MAIDEN NAME WINE holt.
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT, (1'es the of unknown) (1' yes, gave wor or dates of service) (1-12-12-14-7 owns a MC ullough. For solon
r within 7	1,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  PROBLEM -
ir. Ine	/	Conditions, if any, which ) (b)
in person		gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> OUE TO  (c)
laval, a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CO
ar ren		20g ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
emation		20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 at work at
urial, cr		21. I certify that attended the deceased fram
prior	/	ADDRESS (Street, city or town, store)  DATE SIGNATURE  M.D. FRANCE  M.
shavia Istrar pr		PHYSICIAN'S A. M. FRANCE PARKTON Md
page 3	1	REMOVAL (Specify)  May 24/95/ Middle Town Comment Free And Md
		2. PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS ADDRESS AND ADDRESS AN

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SOUTH OF ALLENDING THIS SCHOOL HE TOW REQUISES HIGH THE COUNTY OF EXECUTED WHITE A HOUR SHELL TOUGHT. TUGE A	nay be retained by the hospital ar attending physician.	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	age 3 should by tached far use as the burial-transit permit. Then please remove sarbon papers. Pages 1 and 2 1 to be filed with	he registrar prid burial, cremation, ar remaval, and in any event within 72 hours after death.
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	MARYLAND	STATE DEPART	MENT OF HEALTH—BA	LTIMORE, 18	04929
	495	CERTIFIC	ATE OF DEATH	Reg. (	Dist. No.
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Marulan	/ b. COUNTY /	ence before admission) Bactia more
b. CITY OR TOWN	I (If outside carporate limits, write a nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porate limits, write RURAL and	give nearest town)  H # /6
d NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give street  7500 Brigh	tside Avenue	d. STREET ADDRESS 7500 Bright	side Avenae	e 15 RESIDENCE ON A FARIE? YES NO
3. NAME OF DECEASED (Type or print)	Catheri	Middla 2e	Mc Cummina S DEAT	74	27 the 57
5. SEX	1 1	RRIED NEVER MARRIED	Jan. 9, 1894	a a	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
Door N	TION (Give kind of work done 10) Porking life, even if retired) REEPER	D. KIND OF BUSINESS OR INC	Baltimone.	Maruland 12 C	ITIZEN OF WHAT COUNTRY?
John G.	. Jocker		Christine &	. Kissner	
15 WAS DECEASED E (Yes. no. or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Mr. George Yock	Address	ightside Ave
PART 1. [ 	immediate ( DUE TO	line for (a), (b), and (c)	of Smery, and	yma Pectoris.	interval Between anset and Death ansortantous for the standard arrows
Couse (a), static lying couse to Part 11.	other SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	RT I(0) 19. WAS AUTOPSY PERFORMED? YES NO X
20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING (1) 20b. DI NG (1) CAUSE OF DEATH IFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED (Enter noture af injury in Port t or F	Port It of Hem 18.)	
20c. TIME OF INJ	n. Yhi		PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.)	ily or lawn)	(Caunty) (State)
21. I certify alive ang	that I attended the deced		h occurred at 1. P. M. fr	J	last saw the deceased the date stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type)	Dr. Marvin D	avis,			****
229. BURIAL, CREMA REMOVAL (Spec	100, 226. DATE THEREOF	Brookvieu		CATION (City, town, or county)	(Store) aryland
Leonard	or's signature J. Ruck 530	5 Harford Re	pad #14 A BAY 3 I'm	957 Pies-C-	SIGNATURE,

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Reg. Dist. No.

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	ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fiveral directa	ed	/
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	The	H	burial, cremation, ar remaval, and in any event within 72 haurs after death.
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e retained by the haspital or attending physician.	ERA	3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and	Jistr

ed wit		1. PLACE OF DEATH B. COUNTY			a. STATE Money To be COUNTY						
, i	1		Baltimore		MARYL		Wai	yland			
M	)	RURAL and give no Catonsvill		75	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Baltimore						
		d. NAME OF HOSPIT	AL (If not in hospital, giv	e street oddres	11]		d. STREET ADDRESS	S			e IS RESIDENCE
7 7	4	SPRI'G CR	VE STATE E	OSPITA	L		1817 W. I	Lexingto	n_St.		ON A FARM?
o de d		3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Мог	nth	Day Year
3 E		(Type or print)	Ann	ie	Agne	3	McGee	OF DEATH		May	7 19 5'
Pages 1	ľ	5. SEX	6 COLOR OR RACE	MARRIED	NEVER MARRIES	K 8	. DATE OF BIRTH		9. AGE (In years lost birthdoy)		AR IF UNDER 24 HE
		female	white	WIDOWED [	DIVORCED		May 21, 19	900	56 yrs.	Months Days	Hours Min.
g pnysician and campiers remave carbon papers.  7 hours after death.		10a. USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b. KIND	OF BUSINESS OR	INDUS	RY 11. BIRTHPLACE (S	tate or foreign c	ountry)		OF WHAT COUNT
d ded		1400 S	E WORK	AT	HOM	E	Mafyla	nd		U. S	5. A.
of ter		3. FATHER'S NAME			•		14. MOTHER'S MAIDE	EN NAME			-
5 0 5 4 5 0 5 4	' /	Thor	mas McGee					Annie A.	Polard		
pnysician imave ca haurs aft			R IN U. S. ARMED FORCE	ES? 16. SOCIA	AL SECURITY NO.	17 IN	FORMANT		Add	ress	
72		no	It has dine may or adver or reco	un	known	Re	cords: SPI	RING GE	ROVE STA	TE HOS.	. ITAL
please re within 72	F	18. CAUSE OF DEA	TH [Enter only one cou	se per line for	(o), (b), ond (c).]						TERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY:	Att	erioscle	cota	c cardicvas	anilar i	i secse	01	NSET AND DEATH
Then event		1117	2 / DUE TO	7720	<u> </u>		Callaga	SC GLGA C	1100000		
> W		Conditions, if a		Arte	ericscler	osi	s. generali	zed and	severe		
permit.		gove rise to in couse (a), stating	mmediate (				, , , , , , , , , , , , , , , , , , , ,				
the contract of		lying cause lost.	(c)_								
, o		PART II. OTH	ER SIGNIFICANT COND	TIONS CONTR	BUTING TO DEAT	H BUT !	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	/EN IN PART I(o)	
re nas been s burial-transit remaval, and		S PART II. OTH									YES NO
		200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER	Ob. DESCRIBE	HOW INJURY OC	CURRED	(Enter nature of injury	in Part I or Par	t II of item 18.)		
				20d. INJURY	OCCUPPED 12	On PLA	CE OF INJURY (Home,	form 206 fcts	t as town)	[Count	y) (Stot
		Hour o. Js.	19	White	Not while	fact	ory, street, office bldg.,	elc.)	or lowing	(Count	/) (3101
for use as cremation,					at work	_	E 171	Mari C		0	
sched i			ot I attended the o								
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8	′	ACTUAL	Steppa	Wa	the de		OT UT		treet, city or town,	HOSPITA	DATE SIGI
4 4 5		SIGNATURE	orua		all de	N	D. Dr.il	NG ŒWV	E SIAIL	NUSPITA	5-7-
poge 3 should the registror pri		PHYSICIAN'S NAME (Type)	Stella Wa	chsler	, H. D.		Cato	nsville	28, Mary	land	
e d	Ī	220. BURIAL, CREMATIO	N. 226. DATE THEREOF	22ç.	NAME OF CEMET	ERY OR	CREMATORY	22d LOCA	TION (City, town,	or county)	- A[Stote]
pod.	1	Burial	5/10/5	7 10	ew Gai	tie	Gral ben	2.436	o clay	redenus	R Rd
-	35	23. FUNERAL DIRECTOR	S SIGNATURE	1.1	ADDRESS	11	1 0 · 1/2 240. 8	EC'D BY REGIS		STRAR'S SIGNAT	URE
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH D. COUNTY	altimore		MAR	LAND	2 USUAL RESIDENCE 9. STATE Md.	(Where decease	d lived. If instituted b. COUNTY	ını Reside	nce befo	re admiss	uon)
	b. CITY OR TOWN (II RURAL and give ne Caton		ts, write	c. LENGTH OF STAY	IN 15	e. CITY OR TOWN Bal timor	75		JRAL and	give nec	arest faw	n)
	d. NAME OF HOSPIT	AL (If not in hospital, g		· ·		d. STREET ADDRESS	5					FARM?
F				-Harlem La			rison B					) NO 🗌
3.	NAME OF DECEASED	Fir	şt .	Middle	•	Lost	4. DATE OF	Mont		Do	ly	Year
ŀ	(Type ar print) SEX	KATE	7	SEAL		MECASITN	DEATH	May		3,		19 57
3.	female	6. COLOR OR RACE White	WIDOW	RIED NEVER MARRI ED 🔀 DIVORCE		8. Date of Birth Dec. 26.	1871	9. AGE (In years last birthday) 85 yrs.	Manths	Days	Haurs	Min.
10	during most of work	ing life, even it retired	dane 10b.			STRY 11. BIRTHPLACE (SI	late or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
13	Homemaker FATHER'S NAME			at home	<u> </u>	14. MOTHER'S MAIDE	34444					
'*						14. MOTHER S MAIDE	IN INAME					
-	Henry Sea		eren lu	COOL CONTRACT	.	INFORMANT		Addre				
()		It yes, give wor or dates of s		SOCIAL SECURITY NO	).   I/.	Mr. H. B. M	ecaslin			Md.		
F	18. CAUSE OF DEA	TH [Enter anly ane co	vse per li	ne far (a), (b), and (c).	.]					INT	ERVAL BE	TWEEN
П	PART I. DEA	TH WAS CAUSED BY:	(t)	Friends Pa	سائير	Cardieva	ocular	Disance		ION:	SET AND	
	422.1	DUE TO								\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ť	
	Conditions, if or		)									
	gave rise to it cotse (a), stating ( lying couse last.	he under: DUE TO										
Z		ER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	EN IN PA	RT 1(o) 1	9 WAS	AUTOPSY
ĮŘ												RMED?
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury	in Port I ar Par	t II of item 18.)				[5]
					,							
MEDICAL	Hour a. m.	Manth, Doy, Ye	ar 20d. 1 While	NJURY OCCURRED  Mat white	20e. PL	ACE OF INJURY (Hame, I ictory, street, office bldg.,	form, 20f. (City etc.)	or town)	(	County)		(Stote)
A A	p. m.	19	at wa	rk at work	1							
1	21. I certify th	at I attended the	deceas	sed from Oth	ما	, 19.5 <sup>-5</sup> , ta.,	moy.	3, 19. <u>5.</u> /	that I	fast so	w the	deceased
	alive an 2	voy 1	19_5	$\Sigma Z_{\perp \perp}$ , and that	death	accurred at / 125	M. from	n the causes a	nd an t			
		0	1				ADDRESS (S	treet, city ar town, s	itate)		D.	ATE SIGNED
1	ACTUAL SIGNATURE	ohna	head	nu .		M.D. ///8	1. Pau	バント			ن	-7.57
	PHYSICIAN'S NAME (Type)	JOHN A.	NE	SBITT JR		Ball	triere	2 Trid	7 _			
22	BURIAL, CREMATIO	N. 226. DATE THEREC	F	22c. NAME OF CEM	ETERY C	OR CREMATORY	22d. LOCA	TION (City, tawn, a	r caunty)		(Stot	e)
	REMOVAL (Specify)	5/6/57		Loudo	n Pa	rk Cem.		Balt	Dec 1	ſd.		
23	FUNERAL DIRECTOR	SIGNATURE	1/	/ ADDRESS	,	240. R	EC'D BY REGIST				RÉ	
	Min. I.	reland	7	gous-R	al	4) / MY DATE	MAY 6 '	57 RIP	.0 1/1	ich		

SUREAU V. S.

1	2 200	/		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
L 0 ->		>		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
d by	San Park			Reg. Disf. No.
please t shoul crema	ŧ ,		1/3	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
10 G 7			b	CITY OR JOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
. P. Sess				Phoenix (rural) x
ris ne irectol		7,4	0	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Paper Mill Rd.  Paper Mill Rd.  o. IS RESIDENCE ON A FARM? YES   NO.
eloy File			3. 1	NAME OF Siret American Middle State A DATE Month Day Your
unero your your			(	Type or print MAUDE Eliny. SIEVENS MEYER DEATH MON 5 1957
he for he			5. S	in forthern
Fired #				WIDOWED IN 0-23-1093 O) 07 yrs.
ded ded ded 2 v		٠,	10a. d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY pring most of working life, even if refired)
fter be		-/		housewife home Penn. U.S.A.
1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.			13.	FATHER'S NAME
4 hau ages ge 5 r page	. 10			David Stevens Etta May Benedict
4 0 0 0	1-			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  16. SOCIAL SECURITY NO. 17. INFORMANT
FE SE	$( \mathbf{I}$			no none H. Henry Meyer, Phoenix, Md.
oted will 18. Cm PM. permit		/		18. CAUSE OF DEATH [Enter only one course per line for (o)/(b), and (c).]  PART I. DEATH WAS CAUSED BY.  O VO NO. Y!! De-c./!!5/03
ecut farr farr git p				LL 20.1 DUE TO
i i i i				Condition 14 and 1444
d b scil				gave rise to immediate couse
Per ala				(a), stoting the underlying course lost.
ice si			Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
S OF S		- 3	CATION	PERFORMED? YES NO
end en's er's			TFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INHURY OF CHREED (Fater poture of injury in Red Lot Root II of lines 18.)
d in the second			CERTIFI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
From Excellent			CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
EXAMINES ribling the very feed medical to Poge 3 s			MEDICA	Hour o. m. While Not while foctory, street, office bldg., etc.) p. m. 19 of work of work
CAN Ping Me Pog				21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and find tha
wri wri hief	. ,			death resulted fram; Natural causes Accident [], Suicide [], Hamicide [], Undetermined cause [].
For St.				
MED Hiffic Na H		1		ACTUAL SIGNATURE COLOR TO CHIEF MEDICAL EXAMINER DATE SIGNED
A Sold	Ö			EXAMINER'S ASSISTANT MEDICAL EXAMINER []
DEPUT te the prward FUNER	e E			NAME (TYPO // 1/25 /- UB NNE DEPUTY MEDICAL EXAMINER A
o Forward	6		220	BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Store)  BURIAL CREMATION. 22b. DATE THEREOF (Store)  PEMOVAL (Specib)  S-8-57  Arlington National Ft. Myer Virginia
			23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1/240. VEC O'BY RECISTRAR'S SIGNATURE
VS. A15ME(5	)		7	Slott Brooks 622 York Rd., Towson4, Md JANE O 1901 Eli Grand
3M 7/33			V	any sources



BUREAU V. S.

MARYLAND STATE	<b>DEPARTMENT</b>	OF HEALTH-BAI	ITIMORE, 18
4958 MEDICAL EX	AMINER'S CE	RTIFICATE OF	DEATH

04934 No.

Reg. Dist. No.

1.	place of DEATH p. COUNTY					ution: Residence before admission)		
		timore	MARYLAND	o. STATE Maryland b. COUNTY Baltimore				
	b. CITY OR TOWN III and give nearest town!	outside corporate limits, write RUR	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)		
	and the same of th	allstown	53 vrs.	Rurel - Re	andallstown.	Md. XT		
			t in hospital, give street address)	d. STREET ADDRESS	ATTURAL LOUGHT	/ e. IS RESIDENCE		
		582- Valle	y Forge Rd.	Box 582-	- Valley For	ge Rd. YES NO		
3.	NAME OF DECEASED (Type or print)	Hel en	Olivia	Miller	4. DATE Mon' OF DEATH May	,		
5.	Female	Colomadi	MARRIED NEVER MARRIED 8.		9. AGE (in years lost birthday) 4. 53 yes.	IFUNDER YEAR IF UNDER 24 HRS. Months Days Haurs Min.		
/ 10	. USUAL OCCUPATIO	N (Give kind of work dane	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?		
	during most of working HOUSE		Home	Randalla	stown	U.S.A.		
) 12	. FATHER'S NAME			14. MOTHER'S MAIDEN N				
	Owen B.	Bryant		Amanda E	Bel 1			
	. WAS DECEASED EVE	R IN U S. ARMED FORCES		FORMANT	Address			
1"	no, or unknown)	JIf yes, give war or dates of service	"217-22-9463 Mz	. George E	3. Miller-Va	lley Forge Rd.		
	18. CAUSE OF DEAT	H [Enter only one couse p	er line for (a), (b), and (c).			INTERVA, BETWEEN ONSET AND DEATH		
	PART I. DEAT	H WAS CAUSED BY	Adenocarcinome	of Overv	with genera			
	1750	DUE TO	metastasis	01 0101	772 011 5 011 01	Omob.		
	Canditions, If an							
	gave rise to immed (a), stating the u	iate couse						
	couse last.	(c)						
١z	PART II OTH		ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM.	NALDISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY		
CERTIFICATION						PERFORMED? YES NO DO		
1 E	20g. EXTERNAL CAU	SE WAS 206. D	ESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Parl	I or Part II of Item 18.)			
		none	none					
3	20c. TIME OF INJUR		20d. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm	, 20f. (City or town)	(Caunty) (State)		
MEDICAL	Hour o, m,	none 19	White of work in the last work in the la	ry, street, office bldg., etc.	none			
_ <			the remains described above			Includes IXI and that that		
	1	_		ide . Hamicide	The state of the s			
	ACTUAL S	2. Eng	6			DATE SIGNED		
	SIGNATURE	, it i cap	~ < ~ ~	M.D. CHIEF MEDICAL EX				
	EXAMINER'S NAME (Type)	D. /D.	Caples, M. D.	ASSISTANT MEDICAL I	_	5-24-57		
22	g. BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d, LOCATION (City, town,	or county) (State)		
1	Burial	May 25 19	57 St. Thomas		Baltimore C	o. Ma.		
	FUNERAL DIRECTORS		ADDRESS			STRAR'S SIGNATURE		
1	Holland F	uneral Hom	e-1631 Druid Hi	LIL AVELAY	46 30 1	Im & Ment		

VS. A15ME(5) 5M 9/55

OBABDE !

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04935
M (M	4959 CERTIFICATE OF DEATH  Reg. Dist. No. 75 38
director, filed with	1. PLACE OF DEATH  a. COUNTY  Balleise  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Parising be COUNTY  b. COUNTY  b. COUNTY  C. VILLIANS  MARYLAND
The file of	b. CITY OR TOWN (If Johnson Corporate limits, write RURAL and give nearest town)  COLLA (AL  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If Johnson Corporate limits, write RURAL and give nearest town)
42 PM	d. NAME OF HOSPITAL (IF not in hypoth, give street address) OR INSTITUTION 2 1 1 2 (11 18 4 11 11 12 11 11 11 11 11 11 11 11 11 11
illed in b	3. NAME OF DECEASED (Type or Brint) ON dOR FF DEATH 5 13 19 5-7
mpletely fills	S SEX   6. COLOR DRACE   7. MARRIED   B. DATE OF SIRTH   9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS last birthday)   Manths Days Maurs Min
nd camin pape death.	100. ISUAL OCCUPATION (Give And af work done 10b, KIND OF BUSINESS OR INDUSTRY 1). BIRTIPORTE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY)
sicion o ve corbi	Same Holing G Holing
ing physici	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12- DIEGRANT (1/4), no. of Unknown) (1/4) yea, give wor or doise of varvice) (New Yorks) (1/4) Yea, give wor or doise of varvice) (New Yorks) (1/4) Yea, give wor or doise of varvice)
attending on please re string 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  WYOCOLSLIE  VELLY/FILE  ONSET AND DEATH
d by the mit. The my ever	Conditions, if any, which) (b) Ortetoscentie C. O. Derione
n signed	gave rise to immediate cause (a), stating the under:    lying cause last.   C)   (c)
physici has bee rial-tran	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED?  YES NO E
rending inficate in or rei	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)
tal or o this cer or use o remotio	20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 While Nat white at work at
the hasping the ha	21. I certify that I attended the deceased fram 19 to 19 that I last saw the deceased alive on 2 19 that I last saw the deceased above.
RECTOR:	ACTUAL SIGNATURE SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 203 E. Quelle aug 1 orway >
ERAL DI 3 should gistror p	PHYSICIAN'S Stames ( ) Julion it. ".
Poge 1	20 GURIAL, CREMATION, 226. DATE THEREOF 22c MARTERY OR CREMATIONY 22d. LOCATION (City, Ibwn, or county) 150000 1
YS A15 (4) 15M 9/55	23. FLINGWAT DIRECTOR SIGNATURE  ALCO BY REGISTRAR 246. REGISTRAR'S SIGNATURE  ALCO BY REGIST
	mabel Gray

4960 **CERTIFICATE OF DEATH** Reg. Dist. No. director, With PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Baltimore Filed **b** COUNTY MARYLAND Marvland after death. 2 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest fown)
Fort Howard Baltimore d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital 743 West Franklin Street YES NO 13 NAME OF Middle 4. DATE Month Day Yeor DECEASED THOMAS (Type or print) MONTGOMERY DEATH 57 May 19 9 AGE (in years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Doys Male Colored WIDOWED TO DIVORCED T July 25. 1.886 70 popers. 100. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Painter Buildings Wilmington N. Carolina U. S. A. and carban ofter 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Calvin Montgomery Mary Nixon remave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WW Clin.Rec.Vet.Adm.Hospital.Ft.Howard.Marvland ending Yes 218-10-2769 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCINOMA OF LUNG MONTHS DUE TO ò permit. Conditions, if ony, which gove rise to immediate **DUE TO** cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DEFFORMED? Pulmonary tuberculosis- duration unknown.2.Generalized arteriosclerosis 🗆 🗠 🛚 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) MEDI Hour o. m. While Not while of work of work 21. I certify that attended the deceased from April 8 . 19 57 to May 12 ached DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL M.D. VAH. FORT HOWARD, MARYLAND pe prio SIGNATURE shauld PHYSICIAN'S FUNERAL M.D. Chief. Medical Service IRVING FREEMAN. 3 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) bage REMOVAL (Specify) 17,1957 Baltimore National Maryland Burial Baltimore. 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/55 Elroy O. Wilson Funeral Home, 1000 Brantley Ave. DATE Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

COST VIEW LANGE IN THE LANGE IN

ofter death.

TEGEL . SELECTION IN SECTION IN S

4 55	Keg.	DIST. NO.
Page 4	1. PLACE OF DEATH O. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution. Resid	lence before admission)
a signature of the second of t	Baltimore Maryland Maryland	Harford
death:	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	d give nearest town)
0 5.0	Cotonsville   3yr9mhhlOdys   Whiteford, Maryland /	2. 1 7
after a	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
by by	SPRING CROVE STATE HOSTITAL Route #1 - Whiteford	PYES □ NO □
t ha	3. NAME OF DECEASED First Middle Lost 4. DATE Month OF	Day Year
n 24 fille ges	(Type or print) Marshall Morris DEATH May 24	19 5
Page 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UND)	ER I YEAR IF UNDER 24 HR
S e e	male white widowed Divorced unknown 63? yrs. Months	Doys Hours Min.
cam pape pape	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  12. ( 12. ( 13. ( 14. ( 15.	CITIZEN OF WHAT COUNT
0 PED /	steel worker steel mills Maryland	U. S. A.
<u> </u>	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
g physician remayacan 72 hours ath	Peter Morris Bebecca	
phy phy hogo hogo hogo hogo hogo hogo hogo ho	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown)        yes, give wor or dotes of service)	
	unknown Records: SFRING GROVE STATE	HOS ITAL
death itendin please vithin	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
he d	PART I. DEATH WAS CAUSED BY: Arkenio Scler. Cardio Vase, Discase	ONSET AND DEATH
at H The The	422.1 DUE TO	
uires that gned by II permit. T in any ew	Conditions, if ony, which ) (b) Arteriosclerosis, generalized and severe	
gane in c	gove rise to immediate Cause (a), stating the under:	
red ian. in si nsit	lying couse lost. (c)	
ysic ysic bee tra	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
The has he		YES NO
din	OR CONTRIBUTION CONTRIBUTION DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)	
CIA tific tific s th	<u> </u>	
or o cer of of o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Location form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State
tal tal	p, m. 19 of work at work	
ING Sid for	21. I certify that I attended the deceased from Feb. 17 1957, to May 24, 19579 that	I last saw the deceas
e h Bach Bach Surice	alive on <u>May 24.</u> 19 57, and that death occurred at 1:00 PM, from the causes and on	the date stated abo
TOR TOR	ADDRESS (Street, city or town, state)	DATE SIGN
OR A ined by DIRECT Id be page 1	SIGNATURE STATE HOS.	ITAL
	PHYSICIAN'S CL. 33 - VI. 1 - 2 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
PIT 6 re ce re SRA S showing street	NAME (Type) Stella Wachsler, M. D. Catonsville 28, Maryland	
HOSPITAI day be reto funeral oge 3 sho e registrar	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)	1
O E O SE	TO FILL FOR	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INGNATURE
15M 9/55	DATE OF THE PARTY OF THE PARTY BY ST. OF THE PARTY BY	
A P P P P P P P P P P P P P P P P P P P	MSHOVAL (Specify)	D

FAIREAU V. K.

SECEDAED AND STATEMENT OF 1957

04939

· noov

e. IS RESIDENCE

ON A FARM?

Reg. Dist. No.

YES NO. Month Yваг 19 9. AGE (In years last birthday)
59 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? Mansfield, Pennsylvania U. S. A. Clin. Rec., Vet. Adm. Hospital, Ft. Howard, Md. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (County) (Slote) 21. I certify that X attended the deceased from March 16 \_\_\_, 19<u>. 57</u>, to Mage ADDRESS (Street, city or lawn, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) LAN VAH. FORT CHIEN WET HOWARD, MARYLAND 22b. DATE THEREOF 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Baltimore National Baltimore. Maryland Buri al 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Harford Rd. .Balto.ll

OR. DIRECT <u>-</u> P shaul FUNE ന page VS A15 (4) 15M 9/55

EUREAU V. E.

LEUR mr

DE ADES

, ,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	• 4961 CERTIFICATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH o. COUNTY  D. STATE  O. STATE  D. COUNTY  D. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS  OR INSTITUTION  e. IS RESIDENCE ON A FARM?
	308 S. arlor AV-e 305 E. Balto St. YES INOR
	3. NAME OF DECEASED (Type or print) E C N Q H. O G S O N DEATH May 30 195
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED OCT 12, 1879  9. AGE (In years   F UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Months   Days   Min   Months   Days   Months   Days   Min   Months   Days   Min   Months   Months   Days   Months   Months
- 22	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) HOUSE WORK Lat VIA
	3. FATHÉR'S NAME  Lasdin  14. MÓTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Green or dates of services (Yes. no. or unspecient) (If yes. give wor or dates of service) Altred Olason 308 S. avlor Ave
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  CONCESTIVE HEART FAIL URE  INTERVAL BETWEEN ONSET AND DEATH
	1/ 21 A DIETO
	Conditions, if ony, which by ARTERIO-SCLEROTIC HEART  gave rise to immediate (b)
	Casse (a), stoting the under price p
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES \( \sum \) NO \( \sum \)
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part II of item 18.) CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m.  While Nat white at wark a
	21. I certify that I attended the deceased from 5/29/5719, to 5/30/5719, that I last saw the decease
	alive on 3/29/57, 19, and that death occurred at 8/12M, from the causes and on the date stated above ADDRESS (Street, city ar town, state)  DATE SIGNE
-/	SIGNATURE Jeseph Mysch M.D. 108 S. TAYLOR S/SI
	PHYSICIAN'S JOSEPH, MILELI, MD ESSEX 21, MD
	220 BORIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (Cty, jown, or county) (State)
6	ADDRESS ADDRESS SIGNATURE ADDRESS ADDR
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

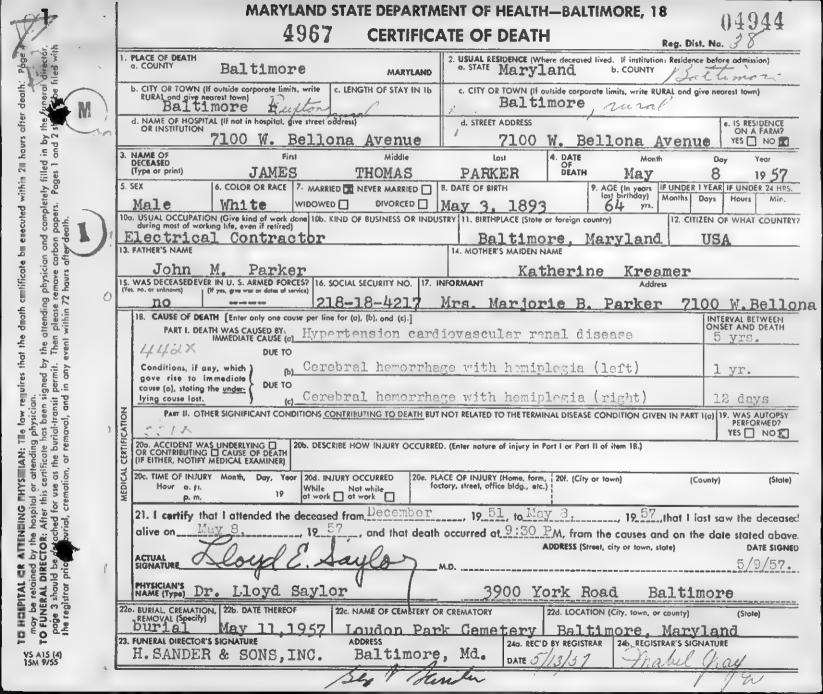
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1				MARYL	AND ST	TATE DEPART	ME	NT OF HEALT	H-BA	LTIMORE,	18	045	145
ion,	•			496	DICAL	. EXAMINER	?'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	No.	3
should cremoi		Ī	PLACE OF DEATH	Baltimore		MARYLAI	ND	2. USUAL RESIDENCE (	Where deced	- FOUNT		before admir	aion)
Se To			b. CITY OR TOWN	V 11 outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (	-4-				vn)
SSE S			Rural	Owings M	ills	5 yrs.	į	Rural (	wing:	Mills	× .		
ctor.			d. NAME OF HOS	SPITAL OR INSTITUTION	If nat in hospi	tal, give street oddress)		d. STREET ADDRESS					SIDENCE A FARM?
dire dire iles.								11019 Rej	ster	stown Ro	pad		NO 🛚
del erol our f			DECEASED	S Fit	sł	Middle		Last	4 DATE	Mont			ear
fun y		-	(Type or print)	Charles	7	Amon		Pettie	DEATH	May	2	<u>. F</u>	
구 하는 사람		-			WIDOWED	NEVER MARRIED	1 .		277	9. AGE (In years lost burthday)	Months Day		Min.
S contractive		-	Male	White				Sept. 1,18	or foreign	69" yrs.	DO CITIZEN	OF WHAT	COUNTRYS
and de			during most at wa	ATION (Give kind of work irking life, even if retired)	Rail	tio.Transi	ታያ። 1 ተ	Virgini	າ ດາ ເທດເຊາາ ເ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S.A.	.001411117
offe 2, c	,	<u> </u>	3. FATHER'S NAME		1201	OTO AT AIIS.		14. MOTHER'S MAIDEN			1 0	. D . R.	
es 1, 5 mc	T	$\mathcal{A}$	Robe	rt Walker	Petti	е		Emma Hi	tt				
Poges nge 5	( *			EVER IN U. S. ARMED FO	RCE57 16. SC		7. INI	FORMANT		Address	Owing.	s Mil	ls Mo
ive ive ive	1		No	None		5-09-3671	1	Ars. Agnes	Pett:				
PAG.			18. CAUSE OF E	DEATH [Enter anily one con	se per line fo	r (a), (b), and (c).]	******					NTERVAL BETWEE	
n 18		-1	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cor	onary Thro	mb	ogis				- * .	re.
Fier Fler Shows			4.	F DUE TO								.,	
be in in with with			Canditions, if			***		*					
ould Jong Juric			(a), stating 1h										
S E e			couse last.	OTHER SIGNIFICANT CON	DITIONS CON	ITPONITING TO DEATH OF	PT NV	AT DELATED TO THE TERM	UNINE SHEER	CONDITION OF	(FALIDA DA DY 3/	120 11110 1	LITORON
Cole Porti	0		PART II.		DITIONS CON	TIKIBOTING TO DEATH BO	01 146	OF REDAILED TO THE TERM	WINAL DISEAS	E CONDITION GIV	TEN IN PART I	PERFOR	RMED?
endi endi er's			200 EXTERNAL	None	b. DESCRIBE I	HOW INJURY OCCURRED	). (En	lar nature of injury in Po	ct I ar Port II	of item 181		YES 🗌	NO 🔼
o single de			PRIMARY OF CAUSE OF DEAT	CONTRIBUTING [	none		, (4-)						
Exa Foul						JURY OCCURRED   20e.	PLACI	OF INJURY (Home, for	m, 20f. (Cit	y ar town)	{County	)	(Stote)
the the			20c. TIME OF IN		While of work		toctor	y, street, affice bldg., et		ne			
er Med			21. I certify	that I taak charge	of the re		pov	e, held an Autap	sy 🔲, I	nspection (	inquiry	E), and f	ind that
				ed fram: Natural						ndetermined o	-	_	
ificote, v the Ch	-			253	/								
Hiffic Tin the DIP	1	2	ACTUAL SIGNATURE	Lill ton	plu	2		M.D. CHIEF MEDICAL E	XAMINER [	1		DATE S!	GNES
Ed L			EXAMINER'S	(	/			ASSISTANT MEDIC				w 1.	
DEPUT			NAME (Type)	D.D. Car	- Y.			DEPUTY MEDICAL				5-4-	· <u>57</u>
cute forv forv ar r		1	REMOVAL (Spec			2c. NAME OF CEMETERY				TION (City, town,		(State	)
77		-	Burial  3. FUNERAL DIRECT		957	Lorraine	Pai	77	-	altimore		yland	
VS. A15ME(5)			J. TOHERAL DIRECT	127	0//	11/1/2 .	1	/ WW M	AY PEGIS	185	STEAR'S SIGNA	9/1	
5M 9/55	4	1	THAM	- X-1-1/0	ARK	MELLAN	er	DATE			Marie	Cline	2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VI 3	# 1 m		MARYLAND	STATE DEPARTM em 2 Film 216	-10-57 et	·	04948
A SE	( )		. 4971	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
Page directo	4	1.	PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	and b. COUNTY	n Residence before odmission) Pr. Geo.
eath.			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If or	utside corporate limits, write RU	(RAL and give nearest town)	
To to		-	Catonsville d. NAME OF HOSPITAL (If not in hospitol, give street	e/,/Md/ Mt. Ra			
in by th	14		SPRING ROVE STATE HO	1021-3) th Stre	e. IS RESIDENCE ON A FARM? YES NO		
hin 24 h y filled i	(1)	3	NAME OF DECEASED (Type or print)  Mary	Middle E	Quail		24 19 57
d with pletely rs. Po	( )		female white wow	ED DIVORCED	s. date of Birth unknown	lost birthday) 86? yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
execute nd com n pape		100	USUAL OCCUPATION (Give kind of work done lob during most of working life, even if retired)  hcusewife	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole of Ireland	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
arba		13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
icate psicio pve o		<u> </u>	UNKNOWN		Delphenia		
ertif p phy remo	-		s. no. or unknown] [If yes, give wer or dates of service)		IFORMANT	Addre	
oth o	,	F	18. CAUSE OF DEATH [Enter only one couse per li		cords: SPRIN	G GROVE STAT	E HOSPITAL
after Ple			BART L DEATH MACCALISES BY -	ulmonary emboli	sm		ONSET AND DEATH
at the			440) DUETO				
at the deby			Conditions, if any, which (b) (b)	Coronary infar	ction		two years
require ion. n signe vsit per			tying couse last.  DUE TO	Hypertensive c	ardiovascular	disease	
physical phy	1)	CATION	Part II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT Diabetes melli		NAL DISEASE CONDITION GIVE	N IN PART I(o) IP. WAS AUTOPSY PERFORMED? YES NO K
lan: T lending ficate   the bu		CERTIFI	200. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pa	ort I or Port II of item 18.)	
PHYSK tol or of this cert r use os		MEDICAL		NJURY OCCURRED 20e. PLA Not while rk at work	CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
and for the control of the control o			21. I certify that I attended the deceas	sed from March 2	22 , 19 55 , ta	May 24 19 57	that I last saw the deceased
FIND The h Park A			alive on May 24 19	$\underline{57}$ , and that death			nd on the date stated above.
Consider ATT Consider By 10 BRECTO CONSIDER CONS	1		ACTUAL SIGNATURE fella h	Tacholis,	A.O. SPRING ORC	ODORESS (Street, city or fown, st OVE STATE HOS	ore) DATE SIGNED
PITAL of retain SRAL D should		L	PHYSICIAN'S Stella Wach	sler, M. D.	Catonsvil	le 28, Marylan	ıd
may by D FUNE		220	BURIAL, CREMATION, 22b. DATE THEREOF	Fort Lenco	CREMATORY Concles	22d. LOCATION (City, town, or	(Stote)
VS A15 (4)		23.	funeral pirector's signature lalley tuneral boo	me Mt. Ra	met DATE	8Y REGISTRAR 24b. REGIST	PAR'S SIGNATURE
				In	C. D.	7	

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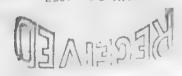
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EVERAL K. L.

lb )		4975 CERTIFI	CATE OF DEATH  Reg. Dist. No.
1-	1.	PLACE OF DEATH COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE  b. COUNTY
6		D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	L	Lutherville   1 mo. 16dg	7
(9.)		College Manor Nursing Home	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First Middle DECEASED Type or print)  MARTIN	ROWLENS 4. DATE Month Nay 24.1957 19
	5.	MAKKED METER MAKKED	[ [OSE DIFINGRY]   Manager   manager
		male white WIDOWED DIVORCED	Oct. 10.1881 75 75 75
2	0	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wher of Pet Shop	DUSTRY II BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT  Bohemia  USA
	_	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Bertha Lawrence
	_	ames Rowlens was deceased ever in u. s. armed forces? [16, social security no. ]1	
*****	{Ye	no or unknown) (If yes, give wor or dates of service)	James Rowlens (son) 536 S. Ann St.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Cular accident Interval Between
į.		DO / X DUE TO DA LOT SE	DOUBLO
		Conditions, if ony, which gove rise to immediate DUE TO	(1000) (na(0))
		lying cause last.	
, )	CATION		JUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING ACCOUNTIBUTING ACCOUNTIBUTING ACCURATE CONTRIBUTING ACCURATE CONTRIBUTING ACCURATE CONTRIBUTION ACCURAT	RED. (Enter nature of injury in Part 1 or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Moure a. jn. p. m. 19 at work all work and work	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or town) (County) (State
			, 19, to, 19,that I last saw the deceas
		alive on, 12, and that de	th occurred atM, from the causes and on the date stated abo
. /		ACTUAL SIGNATURE SIGNATURE	M.D. 24) - MADORESS (Street city or 1644)/ state)  DATE SIGN 5/24/
, d		PHYSICIAN'S NAME (Type) William F. Fritz, M.D.	
<u> </u>		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	
		Urial May 27.1957 Holy Red	emer Cemetery Baltimore Md.
		ENRY SANDER & SONS. INC. Baltimo	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SPONTURE DATE 200 5 7 57
	=	10.11	DATE 17 57 51 OUNCESSEE

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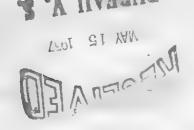
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8 04953 Reg. Dist. No. 33

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	PLACE OF DEATH o. COUNTY	Baltimore	}	MARYL	AND	2 USUAL RESIDENCE O. STATE	e DN	ere deceased i	b. COUNTY		nce befo		ion)	
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest lown)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Reistors	Baltimore 18, Md.												
_	d. NAME OF HOSP	ITAL (If not in hospital, g	jive street	o ddress)		d STREET ADDRE						e. 15 RES		
	OR INSTITUTION	alston				3621	Old	York	Road				NO T	
3	NAME OF DECEASED	Fire	st	Middle		last		4. DATE	Mon	th	Do	У	Year	
	(Type or print) Etha B.					Russell		OF DEATH	May		10	Ć	19 57	
5.	SEX	6 COLOR OR RACE	7. MARE	RIED NEVER MARRIED		8. DATE OF BIRTH		9	AGE (In years				ER 24 HRS.	
	Female	White	WIDOW	ED 🔼 DIVORCED		Nov.24,18	373		85 yrs.	Months	Days	Hours	Min	
100	during most of wo Housew:	ION (Give kind of work triving life, even if retired LIE	done 10b.	KIND OF BUSINESS OR Housework		Mar	•	-	ntry}	12 CI		F WHAT	COUNTRY	
13.	FATHER'S NAME					14. MOTHER'S MAI	DEN N	IAME		'				
	Standia	sh M. Berr	ymaı	n		Ely.	Wa	rner						
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. H	NFORMANT			Add	ress				
,,,	No. or unknown)	(If yes, give war or detect of s	arvice)	None	St	uart B.	Rus	ssell,	Balti	more	, M	Id.		
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a), (b), and (c).}							INT	ERVAL BE	TWEEN	
	PART I. DEATH WAS CAUSED BY: Arteriosclerotic C-V Disease										ONSET AND DEATH			
	3422.1 DUE TO													
	Conditions, if	any, which }	1											
	gave rise to immediate DUE TO													
	lying couse lost	lying couse lost. (c)												
ğ	PART II. O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?												
FICATION	none											YES NO		
CE III	20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OC	CURRE	D. (Enter nature of inju	ary in P	art I or Port I	of item 18.)					
3	20c. TIME OF INJU	RY Month, Day, Ye			20e. PL	ACE OF INJURY (Home	e, farm,	, 20f. (City o	r town)		(County)		(State)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. None is twork of work of														
		21. I certify that I attended the deceased from Oct. 14, 1955, to May 10 1957, that I last saw the deceased												
	1 / 1	lav 8	10							,,180f l	1021.20	iw the	decease	
		alive on May 8, 19, 57, and that death occurred at 9 A, from the causes and on the date stated above ADDRESS (Street, city or town, state)  DATE SIGNED												
	ACTUAL	ACTUAL 9 7 G and a 4 Homeson Ra												
				1		m.v								
	PHYSICIAN'S NAME (Type)	D. D. Can	les.	M. D.		Rei	ste	erstow	n. Md.					
220	BURIAL CREMATE	ON, 226. DATE THEREO	)F	22c. NAME OF CEME	TERY O	R CREMATORY			sterst	or county)	16.3	(Stat	e)	
	Burial Specific	" May 13,	,57	All Sain	nts	cemeter	У	Kel:	scerst	own,	Md	•		
	FUNERAL DIRECTO		D . 4	ADDRESS	3.5	_		BY REGISTRA		STRAR'S SI	GNATUR	EC 1	Ç	
	J.F.Elir	ne & Sons	Kels	sterstown,	, MC	DAT	LE 2	, 12-5	1 4	esting	3	. 21	INL	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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- 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	5 . 4978 CERTIFICATE OF DEATH Reg. Dist. No.	155
	1. PLACE OF DEATH O. COUNTY BALTO, CO. MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before or or STATE December 1997) b. COUNTY Co. MARYLAND	dmission)
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CLTY OR TOWN (If autside corporate limits, write RURAL and give nearest town).	town)
(7)	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  OR AND A COMMENTAL (If not in haspital, give street address)  e. 15	RESIDENCE ON A FARM?
	3 NAME OF DECEASED (Type or prigil) ANALY V. Middle Last DATE Month Doy OF DEATH MANY 13	Year 1927
	5. SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   P. AGE (In year) IF UNDER 1 YEAR IF I	
1	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. CITIZEN OF W. (1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W. (1. D. C.)	
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  12. MOTHER'S MAIDEN NAME  12. MOTHER'S MAIDEN NAME	
ا ا	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 MYORMANT Address (Yes, no or unknown) (If yes, give wor or dates of service)	iv//o
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cardiac Decomposation  (NET V)	AND DEATH
	4 , DUE TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C157
	gave rise to immediate case (a), stating the under- lying cause last.	
0	\[ \lambda \] YE:	/AS AUTOPSY ERFORMED?
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.)  OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year While Not while at wark a	(State)
	21. I certify that I attended the deceased from M24 10 , 1957, to M24 13 , 1957 that I last saw alive an M24 12 , 1957, and that death accurred at 5 A M, from the causes and an the date s	
	ACTUAL Supplier, III M.D. 1014 ST Paul St Balt 2, Ind	DATE SIGNE
	PHYSICIAN'S J. Frank Supplee TIE	
	220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or county)	(Slate)
1	23, FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE	
V 6		1 W



BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

## 4983 CERTIFICATE OF DEATH

N.	18	CERTIFICA	Reg. Dist. N	O
\ <u> </u>	The	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	v
		1. PLACE OF DEATH- COUNTY Bacture MARYLAND	maryany	
	वेहे	OR give nearest town) (in this place)	OR (2)	ve nearest town)
	Le la	HOSPITAL OR	STUDIOTO CA	1 1
	ion carefully.	INSTITUTION OR HOUSE IN LINES	ADDRESS 3806 Flengyle (Ur	e
	ior a	3. NAME OF (First) (Middle)	(Last) 4. DATH (Month)	(Day) (Year)
/	ari	DECEASED (Type or Print)	SCHWARTZ DEATH MAY	20 1957
	of information death clearly an	SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday   H under Months	I year   If under 24 hrs   Days   Hours   Min.
\	eat	10s USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OF		2. CITIZEN OF WHAT
THE SECOND	item es of d	V Douse Wife	New york	cours A
Z		12. VATHER'S NAME	14. MOTDER'S MADEN NAME	
<u>m</u>	every it	YS. WAS DECRASED EVER IN U.S. ARMED ORCES?   16. SOCIAL SECURITY NO.	17. INPURMANT AND ADDRESS	
	00/	(Yes, no, or unknown) (If yes, give war or dates of service)		les Oct.
-	te t	18. MEDICAL C	ERTIFICATION	
/BD	Supply write th	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•	INTERVAL BETWEEN ONSET AND DEATH
RESERVED	INK. please	Immediate cause (a)_CoRoNARY	OCC LUSION	20 Minute
NEW	自己	/ Antecedent cause(s) F LECTPOS HOS	CK THERAPY	1 HOUR
Z	Na	giving the to the moove cause		All the set to a succession of the second of
RG	Sic	(c) ITTERTENSIVE	E CARDIOVASCULAR DISEASE	YEARS
MARGIN	UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	PH.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
	HT	12-1-1		Yев □ № □
	PLAINLY, WITH Us especially important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (IOMICIDE INJURY IN	(CITY OR TOWN) (COUNTY	) (STATE)
		TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
	N.S	INJURY m.   Work   At work		
	PLA is esp	22. I hereby certify that I attended the deceased from Nov. 7	, 1957, to May 20, 1957, that I last a	saw the deceased
		alive on May 20, 1957, and that death occurred at (Degree or title)	1.25	tated above.
	WRITE	Todura A 7. Kerman M. D. 370		1/20/5
		23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETIC REMOVAL (Specify)   5-22-1957   Parts 1		ity) (State)/
A15	PLEASE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	(24. FUNERAL DIRECTOR	ADDRESS
VS.	PL	REG. 1/59 / M. Stedrach	Keef Lewis Ine - 2100 Culau	012.
port.				



1 7	77		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
old be	0.7		4981 Reg. Dist. No. 381
4 should		., (	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY  O. STATE  O. COUNTY  D.
Page Page			CITY OR TOWN (It outside corporate fimils, write RURAL and give nearest town)  CITY OR TOWN (It outside carporate limits, write RURAL and give nearest town)  CITY OR TOWN (It outside carporate limits, write RURAL and give nearest town)
director.	7	d	1. NAME OF HOSPITAL ORONSTITUTION (If not in hospital, give rest oddies)  25/ Stammore Party 125/ Stammore Person No Residence ON A FARM?  YES NO RESIDENCE ON A FARM?
uneral or your fi		-1	NAME OF DECEASED  Type or print)  LUCY  Middle  SCOTT  DAY  Year  195
th. If of the fined far ith the r		5. S	emale W WIDOWED   DIVORCED   Apr 13/893 Soil Sethooty Months Days Hours Min.
firer deo	1	10a	USUAL OCCUPATION (Give kind of work done 106 kind Of BUSDIESS OR INDUSTRY 11. ARTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?
ges 1, 2, je 5 moli			FATHER'S NAME al Scott Lawa Stafford
ive Poger. Inge	)	15. {Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Elizabeth Booth Agreed Country or dolors of services 19-36-2404 Miss Elizabeth Booth Same
uted willing IS. Crim EM3.			18. CAUSE OF DEATH [Enter only one course per line for (o) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ON O
in then with fo			420.1 DUE TO Conditions, if ony, which) (b)
hould be pencil			gove rise to immediate couse (o), stoting the underlying couse last.  OUE TO
ling" in Office sed as a	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
d 'penl ominer's		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY   ar CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B ) CAUSE OF DEATH.
MINER: T g the war edical Exe ge II shou		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.  19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   20f. (City or town)   (County)   20f. (City or town)   20f
examilian in Mariting in Mr. Po			21. 1 certify that 1 took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Matural causes . Accident . Suicide . Homicide . Undetermined cause .
MEDICAL relificote, v to the Ch DIRECTO	,		ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
The ce orded SERAI	×		EXAMINER'S DO Y/es F-0'DOWNELL ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU
Calle forwer of re-	-	720	BURIAL, CREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY 22d/LOCATION (City, Iown, or county) (SIO10)  CANONIA TEXAS
VS. A15ME(5) 5M 9/55		25	EUNIERAL DIRECTOR SPIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DESCRIPTION OF HOST VORKED 1/4/57 10 0. 70. 10 coly

CEUVEAU V. E.

William Cook, Inc.

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MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
485 MEDICAL EXAMINER!	S CERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY BBI Timo re
b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest form] ATDUTUS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)  X:  Halethrope
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  1652 Sulphur Spring Rd	d. STREET ADDRESS 1652  o. IS RESIDENCE ON A FARM?  YES NO
3. NAME OF First Middle (Type or print)	Cost A DATE Month 5 Dey 19 Year DEATH Hay
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years VIFUNDER TYEAR) IF UNDER 24 HRS.
MALE WIDOWED DIVORCED	Nov. 8.1894 (62 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
dwing most of working life, even if retired) rarm Worker Apple orchar	d Va. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Secrist	Hattie ?
(Yes, no, or unknown) ; (If yes, pive wor or dates of service)	INFORMANT Address
yes W.W. 1 420-09-3638	Mrs. Francs Brook 1652 Sulphur Spring Rd.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Thromb	osis
420./ DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate cause OUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES □ NO []
CAUSE OF DEATH.	Enler nature of injury in Port I or Port II of ilem 18.)
	ACE OF INJURY (Home, form, 20f. (City or fown) (County) (State)
Hour o. m.  p. m.  19   White   Not while   foci	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ove, held an Autopsy 🔲, Inspection 📳, Inquiry 🕼, and find tha
death resulted from: Natural causes 💹, Accident 🔲, Su	icide, Homicide, Undetermined cause
9 Sou N. 11.	to a vide of side of the
SIGNATURE SLOT, MILETTE	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Geo. S. M. Kieffer	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Removal May 5, 1957 Woodship	Hogkingham Co. Virginia

1217 St. Paul Street

VS. A15ME(5) 5M 9/55

ar remayal.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4985 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence/before admission) o. COUNTY o. STATE B b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN(If outside corporate limits, write RURAL, and give negres) town) RURAL and give regrest fown) after d. NAME OF HOSPITAL (If not in hospital, give street address)/ d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES NO IX Puo = NAME OF First (iddle 4. DATE Month Day Year DECEASED (Type or print) DEATH 195 Pog 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH completely DIVORCED [ WIDOWED IX papers. 10a. USUAL OCCUPATION (Give kind of work dape 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life; even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā Vascular PART I. DEATH WAS CAUSED BY: **DUE TO** nessive Conditions, if any, which (b) Bued gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) Hour o. n. factory, street, office bldg., etc.) While Not while at work of work p. m. 21. I certify that I altended the deceased from I,that I last saw the deceased and that death occurred at 1245 P.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR à should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE/THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

BUREAU V. E.



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BUREAU V. S.

1				MARYL	AND :	STATE DEPA	RTME	NT OF H	EALTH	I-BAL	TIMORE,	18		
irector, ed with	M			4	987	CERTII	FICA	TE OF E	EATH	1		Reg. Dist	. No.()4	1965
director,		1	PLACE OF DEATH a. COUNTY	Raltimore		MARYL	AND	o. STATE	Jaryl a		d lived. If institut b. COUNTY	ion: Residence		mission)
berg		Г	b. CITY OR TOWN (I RURAL and give no	f outside corporate limit earest town)	s, write	c. LENGTH OF STAY I	N 16		OWN (If a	utside corpo	role limits, write i	RURAL ond gr	ve negrest t	own)
1		-	d. NAME OF HOSPIT	TAL (If not in hospital, gi	ive street o	li years		d STREET A		ville			, IC	RESIDENCE
d 2 br	2	Ŀ	OR INSTITUTION	York Road				1 _		ork R	oad		Or	NO NO
led in		3.	NAME OF DECEASED (Type or print)	fin Peter	d	Middle F.		Shauel		4. DATE OF DEATH	Moi		Day	Yeor
oly Fille Pages		s	SEX	6. COLOR OR RACE	7. MARRIE		8 П 0	DATE OF BIRTH	~	DEATH	9. AGE (In years		YEAR IF U	1957 NDER 24 HRS
		L	Male	White	WIDOWED	DIVORCED		March 28			last birthday) 87 yrs	Months (	Days Hou	ors Min.
nd camplel in papers. death.			during most of world	ON (Give kind of work di king life, even if retired)	lone 10b. K	IND OF BUSINESS OF	INDUST	RY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CITIZ	EN OF WH	IAT COUNTRY
무도중	~	L	Blacksmi	Lth				Mary	Land				US,A	
carbo	I	1	John Sha	mole										
physician smave car haurs oft				R IN U. S. ARMED FOR		OCIAL SECURITY NO	17. IN	FORMANT	sa ni	ubbard	Add	ress Tarric	hemri '	lle, Md
ng p	0	Ľ	No.	(If yes, give war or dates of se	(VICE)	-	Mr:	s. Anna	Baile	y Sha	uck 15		k Road	
attending I n please re t within 72				TH [Enter only one car	yse per line	for (o), (b), and (c).]	/		-	1			INTERVAL	BETWEEN
the at Then p		ı	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Jur	0400.	pn	eving	run	· le	rhun	ab.	20	ND DEATH
by #			Conditions, if a	DUE TO	Onu	Rimer	loc	oulse	111	Tille	011.		1 41	do
gned permi			gave rise to in	mmediate (	1' -	tout o		2.	L	00	100		11	. 0.
ran. In signal parameter		1_	lying cause lost.	(c)	(lu	eno 1	C	les	un	16	ence	<u> </u>	un	a
physic has bee rial-trai naval, o	0	CATIO	434	TER SIGNIFICANT CONE								EN IN PART	PE	S AUTOPSY RFORMED?
tending ificate ificate the bu		CEPTIFE		MEDICAL EXAMINER	20b. DESCI	RIBE HOW INJURY OC	CURRED.	(Enter nature of	Finjury in F	art I or Port	II of item 18.)			
al or at this cert r use as emation	*	III ICAL	Hour a. n.	Y Month, Day, Yea	r 20d. INI While at work	Not while	20e. PLAC focto	E OF INJURY (Fory, street, office	lome, farm bldg., etc.	20f. (City	or town]	(Co	unty)	(Slate)
frer frer od fa			21. I certify th	at Vattended the	decease	from 5 / 2	-7		, 10 5	130	7 , 192	that I la	st saw ti	ne deceased
R: A		ı	alive on	130	_, 127_/	and that	death o	occurred at			n the causes o	and an the		
MECTO INECTO	. ,		ACTUAL SIGNATURE	muet	ill,	Stale	1/M	o. Fr	uh	ADDRESS (SI	reel, city or town,	stote)	4	DATE SIGNED
AL DI havid	1		PHYSICIAN'S NAME (Type)	Jennett A.	. 3toe	ואני		Luthe	rvill	e. 'd.				
8 2 6 2		27	O. BURIAL CREMATIO	N. 225. DATE THEREO		22c. NAME OF CEMET	TERY OR				NON (City, town,	or county)	(9	fofe)
Poge the re		L	REMOVAL (Specify) Burial	June 3.	1957	Middlete					timore C		,	
/S A15 (4)		23	FUNCAL DIRECTOR		2/27	ADDRESS	,		24a. REC'E	RY REGIST:		SPRAR'S SIGN	IATURE	
15M 9/55	*	L	Durgee It	meral Home	363)	Falls Roa	ad.		DATE SU	HI 3	or the	1-edu	A	
				Horace	7.1	mage_								

DECEINED

BUREAU V. S.

05760

Reg. Dist. No.

		<u>uuu</u>							1 1101	
1 PLACE OF DEATH o. COUNTY	70 141		MARYL	Abto	2. USUAL RESIDENCE (W		d lived. If institut	/		
L CITY OR TOWN	Baltime				Mary				timor	
RURAL and give r	neorest lown)	is, write	c. LENGTH OF STAY IN	1 IB	c. CITY OR TOWN (If	41	prote limits, write	RURAL ond gr	ve negrest to	wn)
	nsville				Baltimo	re	F 2	-		1,
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
Wa	vne Conval	esce	nt Home		5303 Libe	erty F	leights A	ve.		□ NO □
3 NAME OF DECEASED	fir	st	Middle		last	4. DATE	Мо	nth	Doy	Yeor
(Type or print)	ETTA		R.		SHEFFER	OF DEATH	May		6	19 57
5. SEX	6. COLOR OR RACE	7. MARR	IED A NEVER MARRIED		DATE OF BIRTH		9 AGE (In years		YEAR IF UN	DER 24 HRS.
EMALE	WHITE	WIDOWE	DIVORCED		Teb. 1, 1864		last birthday) 93 yrs		Days Hour	s Min.
100. USUAL OCCUPATI	ON (Give kind of work	ione 10b.	KIND OF BUSINESS OR		TRY 11. SIRTHPLACE (State		ountry)	12. CITI2	ZEN OF WHA	AT COUNTRY
At hon	rking life, even if retired	'			Indiana			,	USA	
13. FATHER'S NAME	.10				14. MOTHER'S MAIDEN	NAME	***		ODIL	
	Unknown				Unknow	71				
IS. WAS DECEASED BY	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	**	Adr	iress	-	-
[Yes, no, or unknown]	(If yes, give wor or dates of s	ecutes)				cc				
No			None	R	aymond She	Her -	5303 Lil	erty	<del></del>	
	ATH [Enter only one co ATH WAS CAUSED BY:	use per lin	e for (0), (b), and (c).		1	nitor-	io scle	L . 5 - 5	INTERVAL I	BETWEEN ID DEATH
	IMMEDIATE CAUSE (o	)	(F848	rd/	1754 7	17164	10 SCIE	10317		
1720.0	DUE TO									
Conditions, if a		1								
gove rise to cotte (a), stating										
lying cause lost.		)				-				
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY
PART II. OT										FORMED?
20g. ACCIDENT W	AS UNDERLYING	20b DESC	RIBE HOW INJURY OC	CURRED	. (Enter noture of injury in	Part I or Par	t (I of item 18.)		1 100 [	J []
OR CONTRIBUTING	G CAUSE OF DEATH						•			
		ar 20d Ib	WURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home, form	206 (036	e or town)	10.	ounty)	(Stole)
ZOC. TIME OF INJU		While	Not while	faci	ory, street, office bldg., etc		, or town	(00	,omyj	(210ie)
∑ p. m,	- 17	ot worl	k of work	-/-		110	-	10/		
21. I certify t	hat Lattended the	decease			1920 ta		9, 193	that I le	ast saw the	e decease
alive an	5/144	12	5, and that a	death	accurred at 800/	TM, frai	n the causes	and an the	e date sta	ited abave
	0/0	1	0, 1	4			treet, <u>city</u> or lawn.		· n /	DATE SIGNE
ACTUAL SIGNATURE	1/1/1	N	gray	A.	in /	303	F120	Erick	E E C	_/
	ON THE	- /	Mrs C	 [		0.1		11 00	/	4/11
PHYSICIAN'S NAME (Type)	W. E	. //	11 Grd7	n	h-()	CAT	ons Vil	12 8	md	3/1/
220. BURIAL, CREMATIC	ON. 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d, LOCA	TION (City, town,	or county)	150	ote)
REMOVAL (Specify Burial	5/8/195				emetery		odlawn		//a.rvla	· .
23. FUNERAL DIRECTO			ADDRESS	Δ	55.4	D BY REGIS		ISTRAR'S SIGN		
ETT CWC	ORTH ARM.	ACO	5T-4600 Li	bor	AAVE.	DOM: A	- 0	7 4	<b>▶</b> //	
	JILLI AKIVI.	ムぐしに	シェーエのひひ 下げ	Det	r A TINITO SOMAIC 🔳	- C	707 1 000		1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by page 3 should by the ched for use as the buriol-transit permit. Then please remover corbon papers. Pages 1 and 2 the registrar primary of cremation, or removal, and in any event within 72 hours often death.

VS A15 (4) 15M 9/55

BUREAU V. E.

7881 **6 YAM** 

DECENTED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18 04966
M -	2 4989 CERTIFICATE OF DEATH	Reg. Dist. No. 38
	1. PLACE OF DEATH o. COUNTY  BOLLO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If it o STATE  Maryland b. CO	nstitution: Residence before admission) DUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  Parkville	
* }	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 7900 Elmhurst Avenue 7900 Elmhurst	- Ave e. IS RESIDENCE ON A FARM? YES NO XX
3	3. NAME OF DECEASED (Type or print) Katherine (Katie) (Middle Lost 4. DATE OF DEATH M.	Month Day Year 3/ 19.57
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In lost birth widowed   DIVORCED   May 17th, 1880   9. AGE (In lost birth widowed   May 18th, 18t	yeors IF UNDER 1 YEAR IF UNDER 24 HRS rdoy) Months Doys Hours Min.
I)	100. USUAL OCCUPATION (Give kind of work done during most of working life jeven if retired)  Housewife  Trederickburg,	a. 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME  2  14. MOTHER'S MAIDEN NAME  2	
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (If yes, give wor or dates of service)  (Yes, no. or unknown) (If yes, give wor or dates of service)	Address Burg, 3721 Parksi
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CO-VOT ary  HV 10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	INTERVAL BETWEEN
	Conditions, if any, which gave rise to immediate course (a), stating the underlying course last.  DUE TO  DUE TO  (b)  OUTUPE OF SULPROSES.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	DN GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO N
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
200	20c. TIME OF INJURY Month, Day, Year Mouth, Day, Year Mouth of m. m. 19 While Not while of work of work of work 19 Not while of work 19 Not work 19 Not while of work 19 Not work	(County) (State)
	21. I certify that I attended the deceased from. 9-17, to 912, 10 alive on 172, to 1957, and that death occurred at 254 M, from the cau	9.5.7, that I last saw the decease uses and on the date stated above town, state)  DATE SIGNE
/	PHYSICIAN'S 11 1 Burns M.D. 8106 Harford	-ad 5/31/57
2	NAME (Type) TO A TO	fawn, or county) (State)
	Burial 6/3/1957 Moreland Mem Park Baltimo	ore, Maryland
-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR 246.	. REGISTRAR'S SIGNATURE

BUREAU V. S.

DECENTED TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREALL Y, 8.

1957 S NUL

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7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7/2		Item 9 Film CERTIFICATE OF DEATH  Reg. Dist. No. 4/
Page director	1,	PLACE OF DEATH a. COUNTY BALTC.  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY BALTC
death.		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  DUNDALIC  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
rs ofter	5	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  CR 3 G DUNBAR RP.  LR 3 G DUNBAR RP.  VES [ NO []
24 hou Hed in hs I and	3	NAME OF DECEASED (Type or print)
f within letely fi	5.	SEX    6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min WIDOWED   DIVORCED   12 4 4 7 3 - 1 8 9 ( Of 1 4 yes.)
d comp paper death.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country)  At HOME  PENN.
e be ex carbon offer de	Ti	FATHER'S NAME
physici remave 2 hours		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address SAME AS  WHIS I SECURITY NO. 17. INFORMANT
deoth of please within 7	╎╞	18. CAUSE OF DEATH [Enter only one couse set line (d) (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH
that the by the it. Then ty event		Canditions, if any, which)
an. signed sit perm nd in ar		gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO
physicic as been ial-tron noval, o	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?  YES 1 NO 1
lan: Il	CERT	OR CONTRIBUTING DI CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar atl this cert r use as emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 40e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 40e. PLACE OF INJURY (Hame, farm, farm, factory, street, affice bldg., etc.) 40e. PLACE OF INJURY (Hame, farm, farm, factory, street, affice bldg., etc.) 40e. PLACE OF INJURY (Hame, farm, fa
NDING e haspit t Affer ched far		21. I certify that I attended the deceased from May 1, 1957, to My 17, 1957, that I last saw the deceased alive on 1957, and that death occurred or 1957. The causes and an the date stated above
ATE ATE	/	ACTUAL SIGNATURE M.D. (SECO MURNING TO LOS) PATE SIGNET
RAL DI Should strar p		PHYSICIAN'S M. B. DAVIS M.D. Dundark - 1, M.D.
O HOSI may be o FUNE the reg		OB BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 15/20157 BAGTO, NAYH. 134470, 11/11
VS A15 (4) 15M 9/55	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE  DATE 0/31/57 VV m ) 7/1/6/14



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4991 CERTIFICATE OF DEATH Reg. Dist. No. 7 with director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY filed 6 COUNTY ALTIMORE MARYLAND M hours ofter deoth. b. CITY OR TOWN (If outside carporate limits, write LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawy) RURAL and give nearest town) MOONT HILSON, Md d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 24 CARRO OUN ILSON STATE YES NO [ 2 NAME OF Middle Month Yeor OF DEATH ANKLIN (Type or print) 19 4 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24.15RS completely Months Days Hours WIDOWED | DIVORCED | 3 yrs popers. 100. UBUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) GAS & ELECTRIC CO 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LARENCE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address 12-05 Hospital Records. Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OF RIGHT LUNG ANCER LINCERTAIN IMMEDIATE CAUSE (a)\_ requires that the DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), staling the underlying couse last. **burial-transit** (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY removal. PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Flome, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour a.m. While Not while at wark at wark 19 57, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 63 P/M, from the causes and an the date stated above. alive on ///94 ö ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURS Mt. Wilson, Maryland DIRE ä pluods HOSPITAL PHYSICIAN'S WILLIAM NEWCOMER, M. D., SUPERINTENDENT NAME (Type) FUNERS 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Woodlawn, Md. Lorraine Park Cem. Burial 0 23. EUNERAL DIRECTOR'S SIGNACTURE ADDRESS 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55



1+				STATE DEPARTM		•	04970
* \$	-		4856	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
Poge directoried with	M	1,	PLACE OF DEATH Latteriore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institut b. COUNTY	ion: Residence before admission)
leath.		Г	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	l} s _		RURAL and give nearest town)
5 3		H	Halethorpa d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	horpe	e. IS RESIDENCE
by the	1011		or institution 1826 Fairview Av	· ·	/	Fairview Ave.	ON A FARM? YES NO
e e e			NAME OF First DECEASED	Middle	Last	4. DATE Mo	nth Day Year
illec es 1			(Type or print) ORELLA	YAM	SINGER		lay 24, 19 57
라는 라스		5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1 eee x			female white widow	ED DIVORCED	Oct. 26, 187	74 82 yrs.	Manths Days Hours Min.
other specific by the specific	- 1	10c	. USJAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
d cd	( )		Retired Housewife		Md.		
and and ban er de		13.	FATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN N	IAME	
ate it ician e cor		4	Giffin Gemmill		Susan		
ifico nysia nove		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT	Adc	liess 3-3- 37-
g Pt	,		s, no, or unknown[   (If yes, give war ar dates of service]		May Palada M	A The same of the	finandale, Va.
agin din	0		1B. CAUSE OF DEATH [Enter only one couse per l	ing for (a) (b) and (c) ]	PIP BOWLII W	Oruger - III	6 Mill Creek Drive
dec then then then then then then then then			PART I. DEATH WAS CAUSED BY:	the for for, for, and for			INTERVAL BETWEEN ONSET AND DEATH
the or			IMMEDIATE CAUSE (a)	acce la	(200 100	100 11 000	- Civil 1000
Fat Eve			t-20, DUE TO	1	./1	1/2/2	2116
es the			Canditions, if any, which (b) (b)	Col 2 hoget	was the	266 36	0
requir on. n signe sit per and in			cause (a), stating the under- lying cause last.	19600	ec ( H-	7/2016.	1104 5 - 4 2
physici as bee iol-trar	)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE JERMIN	WAL DISEASE CONDITION GI	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
ding rate h re burn		CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INHURY OCCURRE	D (Enter nature of injury in P	art t or Port II of item 18.)	
子芸芸芸の		1		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	206 (67)	
4YS or o		MEDICAL	Hour a.m. to While	Not while fo	ctory, street, office bldg., etc.	} i	(County) (State)
ital English		ž	p. m, 17 of wo	rk ot work		<u> </u>	
asp der frei			21. I certify that I attended the decea	sed from 715	254 19.57, ta	11 cay 15/, 19 2/	Ithat I last saw the deceased
Sche A bury			alive an 11134 17/, 19	27, and that death			and on the date stated above.
E FO			\$ 17 B	1	/ , , ,	ADDRESS (Street, city or town,	store) DATE SIGNED
S P S P			ACTUAL SIGNATURE	exampreso.	861 563 c	15/2 -1921	5/ 5/27/5
DIRI DIRI Uld b	1		PHYSICIAN'S 177 177 17			26	2 -
RAL Sho		L	NAME (Type) B. B. D. Ling	671.97		There	GO 27 Mrsy
OSF 7 be 1NE 1 e 3		220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
Pag Pag			Burial 5/28/57	Druid Ride	ze Cem	Pike svill	e. Md.
7 7	4	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /			ISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	1.	1	Mm. J. helene	TY Xous.	RALLO 7 DATE 5	128/57 0	Les Mr. Hull
			7		MILI	7 7	the second

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERL S. L.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SUREAU V. S.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 $04973$
		4857 CERTIFICATE OF DEATH  Reg. Dist. No. 42
(5)	1. F	PLACE OF DEATH  S. COUNTY BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  S. STATE MARYLAND  D. COUNTY BALTIMORE
terms, self	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  HALETHORPE  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  51 / HALETHORPE
	H	A. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2011 NORTHEAST AUG.  d. STREET ADDRESS ON A FARM? 2011 NORTHEAST AUG. YES NO
		NAME OF DECEASED Lost SMITH SEATH LOST PEACH SMITH
	5. 9	EMALE COLORED WIDOWED & DIVORCED   DEC. 25, 1858 Tolors Months Days Hours Min.
1		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign county)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stale or foreign county)  12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stale or foreign county)
		FATHER'S NAME  UNK.  14. MOTHER'S MAIDEN NAME  UNK.
,		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. NIGHTANT FLORENCE Address OLLICK  One, or unknown) (If yes, give wor or dates of service)  ONE OF THE PROPERTY OF THE PROP
		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Mitral Insufficiency  (8) 8 Months & 28 days
		conditions, if ony, which ) Hypertensive Arterio-sclerotic Heart Disease ?
		gave rise to immediate case (a), stating the under lying cause last.    DUE TO
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  420.0
	CERTIFI	20b. ACCIDENT WAS UNDERLYING COURTED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  P. m.  19  19  20d. INJURY OCCURRED Actory, street, affice bldg., etc.)  factory, street, affice bldg., etc.)
		21. I certify, that t attended the deceased fram 8/15/56, 19, ta 5/10/57, 19, that I last saw the deceased alive an 5/10/57, 19, and that death accurred of 3, 45, M, from the causes and an the date stated above
		ACTUAL SIGNATURE C F. Molon Ey M.D. 57 Winters Lang, Catonsville.
/		PHYSICIAN'S C.F. Maloney. M.D.
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)  REMOVAL (Specify) MAY 13, 1957 MT, AUBURN BALTIMORE, Md.
×	27	FUNDERAL DIBECTOR'S SIGNATURE CONSIDERATION OF THE STATE
3.		1 1 10 2

"IREAU V. E. "

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04974MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Pr. Geo. Co. O. STATE Baltimore Marvland MARYLAND b. CITY OR TOWN (If outside corporate firmits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If suitide corporate/limits, write RURAL and give nearest town) and new pagest towal lvr5mthl5dvs Catonsville Andrews Air rorce d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? STATE SPRING GROVE HOSPITAL YES NO TE 3. NAME OF 4. DATE OF DEATH Figst Middle Lost Day Year DECEASED (Type or print) Margaret Tunddell Smith Mav 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Min. Hours WIDOWED T DIVORCED [7] Feb. female white 1872 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or fareign country) 12. CITIZEN OF WHAT COUNTRY? dressmaker Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Twaddell Annie Russell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address unknown Records: CRO VE STA E SPRING HOSPITAL 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which ) gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITION PERFORMED? YES T NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS Pt. was pushed to PRIMARY OF CONTRIBUTING floor by another patient on 5-3-57 sustaining a fractured CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Hame, form, | 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 57 of work at work Catonsville 28. Md. Hosrita 21. I certify that I tack charge of the remains described gleave, held an Autapsy . Inspection . Inquiry 4. and find that Chief TOR: death resulted fram: Natural causes . Accident 12 Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE forworded to FUNERAL ASSISTANT MEDICAL EXAMINER eL **EXAMINER'S** George M. Kief NAME (Type) DEPUTY MEDICAL EXAMINER [7] 22g. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) MOVAL (Specify) ELINERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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				Item 9 1	TE DEPARTA	AENT OF HEAL ATE OF DEA	TH-BALTIM	ORE, 18	04	1976
M			4996		CERTIFIC	ATE OF DEA	IH	R	eg. Dist. No.	
M			Baltimore		MARYLAND	2. USUAL RESIDENCE	(Where decreased lived.	COUNTY	Residence before	
		b. CITY OR TOWN (I RURAL and give no	If outside corporate limit earest town)	s, write c. LEN	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lim	ils, write RUR/	AL ond give near	rest town)
	_	Catonsvi	lle		3mths9dys	B-144	A3EK)	DEEN		*/
, 4.		OR INSTITUTION	TAL (If not in hospital, gi			d. STREET ADDRESS			6	IS RESIDENCE ON A FARM YES NO
		NAME OF DECEASED (Type or print)	Fliza		Middle Hannon	Stone	4. DATE OF DEATH	Month Ma.v	Day Q	Year
	5. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGI	(In years IF	UNDER I YEAR	IF UNDER 24 H
	L	female		WIDOWED T	DIVORCED		375   181 <b>7</b>	Aur. W	lonths Doys	Hours Mi
1	100	. USUAL OCCUPATION during most of work	DN (Give kind of work d	one 10b. KIND (	OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sh	ate or foreign country)		12 CITIZEN OF	
F		The same with the	- SALESLAD	Y DE	PT. STOKE	New J	rsey		U. S	. A.
1 4	134	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
	<u> </u>	unknew				unknov	≀n			
0	15. (Yer	, no, or unknown	R IN U. S. ARMED FORCE	irvies .		INFORMANT		Address		
€ 8		no	ATH [Enter only one cou			Records: SI	PRING GROVE	STATE	E HOSIT	TAL
	NC	Conditions, if or gove rise to it couse (o), stoling lying couse lost.  PART II. OTHER	the under-			is, generali		DITION CIVEN	IN PART I/o 119	WAS AUTOR
2	IFICATION	4: "	`			ED. (Enter nature of injury				PERFORMED?
	CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)					,		
	MEDICAL	20c. TIME OF INJUR Hour a. jr. p. m.	RY Month, Day, Yea	While N	OCCURRED 20e, Pt lat while t work	LACE OF INJURY (Home, fo octory, street, office bldg.,	erm. 20f. (City or town	n)	(County)	(SI
		21. I certify th	at I attended the			15_, 19_57_, to_	May 9	, 19 57 H	hat I last say	w the dece
		alive anN	lay 9	_, 12_57_	_, and that death	occurred at 3:0	30aM, from the	causes and	an the date	e stated at
1		ACTUAL SIGNATURE	llind	man	19then	M.D. SPRING	ADDRESS (Street, cit GROVE ST	— —	e) OSFITAL	5-9-5
			Ellis S. Ma		M. D.	Catins	ville 28,	Marylar	nd	
		REMOVAL (Specify)	5-11-3	57 (	NAME OF CEMETERY O	Carry.	22d. LOCATION IC	ity, lown, or co	ounty)	(Slorle)
6.	23.	FUNERAL DIRECTOR	S SIGNATURE	A CA	ODRESS	24a. Rf	MAY REGISTRAR	245. REGISTO	IR'S SIGNATURE	
		2 4 5 St 2 45 T								

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VS A15 (4) 15M 9/SS 0.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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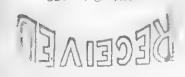
4997 CERTIFICATE OF DEATH

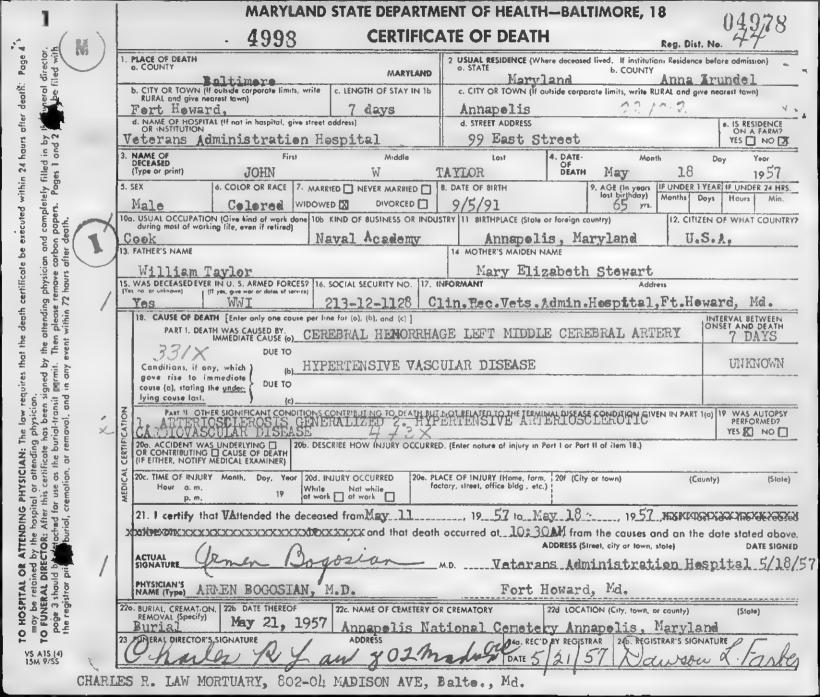
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	20.	9 6						Keg. Dist	. No.	
PLACE OF DEATH					2 USUAL RESIDENCE (WH	ere decease		on: Residence	before a	dmission)
0. 000	Baltimore		MARYLANI	P	Mary	land	b. COUNTY	Balti	more	-
b. CITY OR TOWN RURAL and give r	(If outside corporate limits,	write	c. LENGTH OF STAY IN 11	ь	c. CITY OR TOWN (If o	ulside corp	orate limits, write R			
KOKAL GIIG GIVE I	ediesi iomij						-	V:	76	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	a street c	oddress)		d. STREET ADDRESS				e. 15	RESIDENCE
OK INSTITUTION	Armacost 1	Vurs:	ing Home		505 Cedarcro	ft Ro	ad-Balto.	12. N		N A FARM?
3. NAME OF	First		Middle		Last	4. DATE	Mon	th	Day	Year
(Type or print)	GRACE		LYTLE		STREETT	OF DEATH	Mav		211	19 57
S SEX	6. COLOR OR RACE	MARRI	ED NEVER MARRIED	1 8.	DATE OF BIRTH		9 AGE (In years	IF UNDER 1		UNDER 24 HRS
Fenale		VIDOWE		- 1	March 19. 18	76	last birthday) 81. yrs	Months D	Pays Ho	ours Min.
	1100000	ne IQb.	KIND OF BUSINESS OR IN					12. CITIZ	EN OF W	HAT COUNTRY?
Housewife	rking life, even if retired)							77	C A	
13. FATHER'S NAME					Baltimore	AME	y Land	U_	S.A.	
William Br	adford Lytle	2			Sarah Jane	Casa	-11			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	S? 16. S	SOCIAL SECURITY NO. 17	', INF	ORMANT	Cassi	Addi	ess		
(Yas, no, or unknown)	(If yes, give wor or dates of sen-		None	Man	a Chanles F	Dia	וליים לסל	/ - d		D 4
	ATH [Enter only one cour			AYAL	s. Charles E	· DIM	TTUS=202	CECIETC		L BETWEEN
	ATH WAS CAUSED BY:		1.4.		hasti				ONSET /	AND DEATH
100 0	IMMEDIATE CAUSE (o)_	VY	me kysi	n	provous				1 u	rece
600 · C			v							
Conditions, if a	immediate (					-			ļ	
cosse (a), stating										
lying cause lost.	- /-)-	710110.0								
PART II. OT	PA	A	ONTRIBUTING TO DEATH B	א וטנ	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W	PAS AUTOPSY ERFORMED?
5 .7. ×.	700	4.82	indons b	بريامر					YE	S NO D
G (IF EITHER, NOTIF)	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCUR	RED.	(Enter nature of injury in I	arl I or Pa	rt II of item 18 )			
20c. TIME OF INJU Hour o. m.	RY Month, Day, Year				E OF INJURY (Home, form ry, street, office bldg., etc.		y or lawn)	(Co	unty)	(State)
Hour o.m.	19	While of work	Not while	TOCIO	ry, sileer, office plog., etc.	1				
21. I certify t	hat I attended the a	lecease	od fram. Say	1	19 47 to 7	nan	24 1957	that I la	ist saw :	the deceased
alive an	20073	. 19	2. and that dec	oth o	accurred at 8. 30	M feat	m the couses o			
	( )	~	77)				itreet, city or town,		_ ouic s	DATE SIGNED
ACTUAL SIGNATURE	Jellem	-	una	M.	D. 2105 1	<u> </u>	reilez	Sit		do do do do se se se seja se se se s
PHYSICIAN'S NAME (Type)					· ************************************					
220 SURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY	-		22d. LOCA	TION (City, fown, o	or county)		(State)
Burial	5/27/57		Loudon Park	C C			timore, M	arylar	nd	
23. FUNERAL DIRECTOR	es signature Bally Yelfon	2-1	Voice YPa.	-a	New DATE	BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	ATURE	
					DAIL	11/1/	1 1/1/18	18.81 1.	MERI	s.2

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BUREAU V. S.

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VS A15 (4) 15M 9/55

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MARYLAND	<b>STATE DEPARTMENT</b>	OF I	HEALTH-	BALTIMORE,	18
4999	CERTIFICATE	OF I	DEATH		

**CERTIFICATE OF DEATH** 

04982

Ŀ		Reg. Dist, No.
	1. PLACE OF DEATH 10. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE  Mary au DOUNTY  Oal D
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)  Occurs Office  90 415	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION POWERS AVE	d. STREET ADDRESS POWERS AVE . IS RESIDENCE ON A FARM? YES   NOW
	3. NAME OF DECEASED (Type or print) Amanda Marie	Lost Lost A. DATE Month Day Year OF DEATH May 6 19-57
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  8. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Haurs   Min   Min   Manths   Days   Haurs   Min   Mi
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retyfed)	STRY 11. BIATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Ī	3. FATHER'S NAME and DOTSEY	14. MOTHER'S MAIDEN NAME
	IS. WAS DECEASED OVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Cokenville, mel.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	tailure Interval Between onset and Death
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	tie cardiovascular disease 10 yrs
	Iying cause last.   (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
_	· ·	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the control of the	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)  (County) (State)
	21. I certify that I attended the deceased from and that death	L, WatteroM, from the causes and an the date stated above
	ACTUAL Walder ! I Ceas	M.D. Cochey 50ille Ma 6May 195
	PHYSICIAN'S Walter T. KEE	<u>-s</u>
	220 BURIAL CREMATION 224 DATE THEREOF 22c. NAME OF CEMETERY OF CHARLES OF CEMETERY OF CHARLES OF CEMETERY OF CONTROL OF CEMETERY OF CONTROL OF CEMETERY OF CEMETER	CREMATORY 22d. LOCATION (City/Town, or county) (State) Inc. (State)
F	3. This and action such that the contract of the	240. REC'D BY REGISTRARY 24 EDISTRAR'S REPULTIVE

BUREAU V. S.

. 1	4	17		Mr. o. o. o.	AND STA	ATE DEPARTA	MENT OF	HEALTH	H—BALT	IMORE, 1	8	04983/
*		1	Hems: 2d	& 1750215	5/16/5	7 CERTIFIC	ATE OF	DEATH	1		Reg. Dist. N	to. 44 "
w.t	M	1.	LACE OF DEATH				2 USUAL I	RESIDENCE (WI	here deceased	lived. If institution	on: Residence be	efore admission)
Parie de la company de la comp	1111		Ba	altimore		MARYLAND	a. STATE	Maryl	and	b. COUNTY		
eral be			o. CITY OR TOWN (II RURAL ond give no	outside corporate limits, orest town)	write c. LE	NGTH OF STAY IN 16	c. CITY	OR TOWN (If a	outside corpore	ote limits, write R	URAL and give	nearest town)
70 5-20		L	Fert How	vard		57days		ltimere				
To The				AL (If not in hospital, give			11/	ET ADDRESS		640 Piml	ico Rd.	e. IS RESIDENCE ON A FARM?
n by	•			<u>ministratio</u>	n Hesp		1/1/200/1	darwood	Avenue	<u> </u>		YES NO NO
24 h			JAME OF DECEASED	First		Middle	60 TYP 7 Pr	Lost	4. DATE OF DEATH	Mon'		Day Year
fill ges		5. 5	Type or print)	JOHN  6. COLOR OR RACE   7		F.	8. DATE OF E	DIOTAL		May	11	AR IF UNDER 24 HRS.
with Poly					ANDOMED L	DIVORCED	8/5/9		7	P. AGE (In years lost birthday)	Months Day	
apple pers	:		Male	N (Give kind of work do					or foreign cou	50 yrs.	12 CITIZEN	OF WHAT COUNTRY
Zec.	1		during most of work Superinter	ing lite, even it retired		emetery		altimer				S.A.
and bon	5 /		FATHER'S NAME	Idatic	0	amarary		ER'S MAIDEN I		Tolla	0.1	Sele
cion con			Peter Tul	1 Tare				Anna H	arrt.			
lifica hysi nave	3		WAS DECEASED EVER	IN U S ARMED FORCE	57 16. SOCIA	AL SECURITY NO. 17	INFORMANT			t Tull Add	ess 1640	79474 P.
cert g p	1	1144	no or unknown	If yes, give war or dates of servi		05-7549	lin.Re	c.Vets.	Admin.F	lespital	Ft. How	Pimlico Ro gra Mai.
death ttendir please	/			TH [Enter only one caus	e per line for							NTERVAL BETWEEN NSET AND DEATH
a to c				TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		EUROTIC EDI	EMA OF	PHARNX	ע אינדא	VEECTION	0	UNKNOWN
the the The		$\mathcal{N}$	242		V				.,			Variational
the the		D	Conditions, if an		DERMAT	ITIS MEDICA	LMENTOU	S				3 MONTHS
nires pred permed		Ł	gave rise to in catte (a), stating t									
an. an. sit p			lying couse lost.		DRUG A	LIERGY						3 MONTHE
ow rsici beer fran	ì	CATION	PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONTR	IBUTING TO DEATH BU	T NOT RELATED	D TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
he l has rial-	ر,			ID ARTHRITIS		· .,0						YES NOT
ding ding		CERTIFI	200 ACCIDENT WA	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE	HOW INJURY OCCURR	ED (Enter natu	re of injury in	Part I or Part I	I of item 18.)		
CIA!					,							
ry St	5	MEDICAL	20c, TIME OF INJURY Hour o. m.		20d, INJURY While I			RY (Home, form office bldg., etc		ir town)	(Count	ly) (Slole)
ital taisita an un un		ME	p. m.	19	of work 🔲 o	of work						
ospinospinospinospinospinospinospinospin				aV <u>K</u> attended the d								
he he hacker			MD SECTION COLOR	coogtoocogo	CARCACIC X	x, and that deat	h occurred					late stated above
A COL			ACTUAL	1 16-	To 1	111				et, city or town,		DATE SIGNED
O Direct			SIGNATURE	V- W	U I	14 1 -	M.D. VE	NORALS	ADMINIS	STRATION	HOSPIT	AL 5/11/57
AL C	5		PHYSICIAN'S	ADOR W T			TIO:	DO TIOTIA	1000 1.000			
SPIT Se re IERA 3 sh	'n	220	NAME (Type) 5	ARCE, M. T	l m	THE OF STREET		RT_HOWA		·		
HOS By b FUN		1.0	BURIAL, CREMATION REMOVAL (Specify)			NAME OF CEMETERY	JR CREMATOR	T .	22d. LOCATIO	ON (City, town, o	2.5	(Stole)
5 5 g =		W.	INTERPLORE COST	SICNATURE TO	71	Holy Cross	+	24n BEC"	D BY REGISTRA	Balt imo	TRAR'S SIGNAT	yland
VS A15 (4) 15M 9/SS	2	1	1.4.	ZEC HIN	ctors	4101 Edu	ondsor	DATE	1/5/1	7 12 8	A served	120
13/11/7/33	MINIST		INTERNATIONAL	Per la gompage	EDMOND	SON AVE. BL	mo 100	<del></del>	,,,,,	747,70		Ya 1
	11 4 4 6 1/1	a L	ONESSALE U.L.	LUGATE LATER AT THE	THE PARTY OF THE P	ENTERN AVELONIA	113 - WILL	-				6. "

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VS A15 (4) 15M 9/55

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5001

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)

0	4	9	8	43	,/
st.	No	,		2	8

	o. COUNTY	Baltimore		MARYLA	UND	o. STATE Md.		b. COUNTY		timon	<b>a</b>
	b. CITY OR TOWN (I RURAL ond give ne	Foutside corporate limi	11	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (I	f outside corp	orote limits, write F			
	OR INSTITUTION	At (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS Kendal	- DA				S RESIDENCE ON A FARM?
-		Kendala Ro						<u></u> _			ES   NO
3.	NAME OF DECEASED	FLORA		Middle A		Lost	4. DATE	Mai		Day	Year
-	(Type or print)			A.		PURNER	DEATH		ay	2,	1957
	female	white	WIDOWE			Sept. 19, 1		9. AGE (In years lost highlight) yrs	Months		OUTS Min.
10	during most of work  Housewife	ON (Give kind of work or king life, even if retired)		kind of Business or at home	INDUSTI	Virgin		country)	12 CI	TIZEN OF V	YHAT COUNTRY?
<b>11</b>	I. FATHER'S NAME					14. MOTHER'S MAIDEN					
Æ	George Cra	io				Vinnia	Slaug	htan			
-		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	DLaug.	Add	Iress		
	(et, no, or unknown)	(If yes, give war or dates of s		none	Man	s. Jos. Sig	matta	TOLL FA	la esta a	a 10a	#1,
-		TH. [Fater only one on		ne for (o), (b), and (c).]	FIL	s. oos, big	Te cro	TAUL EX	RRMOO		AL BETWEEN
		TH WAS CAUSED BY:	(A)	YONAVL	<i>r</i>	1	,				AND DEATH
	110 - 1	IMMEDIATE CAUSE (of								1	<u>zay</u>
	420.1			10 vos13				eries			
Т	Conditions, if ony, which gove rise to immediate cosse (a), stating the under DUE TO General 12ed arteriosclerosis										
	cotse (a), stating lying cause lost.	the under-	ريم	HEYLII3	-a	2CV TEVIC	ما ت در	. 70013			
2		FR SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PAR	T 1(a) 19. V	WAS AUTOPSY
PATIO	tyl.								611 01 17	P	ERFORMED?
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury i	in Port I or Po	rt II of item 18.)			
MFDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d, It White of worl	Not white	Oe. PLAC facto	E OF INJURY (Home, for ty, street, office bldg., a	orm, 20f. (Cir etc.)	y or lown)	(1	County)	(State)
	21. I certify th	at I attended the	deceas	ed fram Jan	1.3	1956 to	May	ا ۱۶۰۰ ــــــــــــــــــــــــــــــــــ	7.thot L	last saw	the deceased
П	alive an MA	42	. 19.5	Z, and that d	leath c	occurred at 7 /	1	m the causes			
Т						, , , ,		Street, city or lown,			DATE SIGNED
	ACTUAL SIGNATURE	rouis!	ni	Kudi	LUM.	. 6010	Yazı	< 1200	R		
L	PHYSICIAN'S NAME (Type)	-ouis N	V.7	NICUS		Baj	1+14	rove 1	12/	Md	) 
27	Po. BUR AL CREMATION REMOVAL (Specify) Burial		)F	22c. NAME OF CEMET				TION (City, town,	or county)		(Stote)
23	FUNERAL DIRECTOR			ADDRESS /	1		C'D BY REGIS	TRAR 246, REGI	STRAR'S SK	GNATHRE	
-	11m. J.	Ticknes	YX	four - Ba	CR	17 hul DATE	5/3/5	7 11	lel	Ara	U.
_	· ·						1 /	,		0	70

BUREAU V. S.

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DECENSED

		MARYLANI	D STATE DEPARTM	ENT OF HEALTH	I—BALTIMORE,	0.1005
		5002	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
(Pri	) .	PLACE OF DEATH S. COUNTY Balto	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institut b. COUNTY	ion: Residence before admission)  Balto
		o. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) TOWSON	c. LENGTH OF STAY IN 16	1 2 1 _	utside corporate limits, write	RURAL and give nearest town)
P	r	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3.	33 Burke Ave.	Middle 1	lost	4. DATE Mo	
	5.	(Type or print)  BERTHA  6. COLOR OR RACE   7. MA	KATHERTNE	TWELRECK 8. DATE OF BIRTH	9. AGE (in years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	10	female white WIDO  USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if refired)	WED DIVORCED D	Aug. 11, 1881 STRY 11. BIRTHPLACE (Store	75 yrs	
-		during most of working life, even if retired) HOUSEWITE FATHER'S NAME	at home	Md.		
		Charles Schneck		Mary Le	entne r	
		WAS DECEASED EYER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 37. I	Mr. Jol	Add n H. Twelbeck	dress = 33 Burke Ave.
		18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tine for (o), (b), and (c).	Decl	ww	INTERVAL BETWEEN ONSET AND DEATH
		Conditions If you which	interior	Acleson	٠	
		gove rise to immediate catse (a), stoling the under- lying couse lost.				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION 450.0	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20g. ACCIDENT WAS UNDERLYING (1) 20b. D OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I or Port II of item 18.)	
	MEDICAL	Hour o.m, Whi		ACE OF INJURY (Home, form, clory, street, office bldg., etc.		(County) (State
		21. I certify that I attended the dece	1/20/	1940, 10/	May 195	Zthat I last saw the deceas
		alive on 11 ay 19	and that death		_M, from the causes' ADDRESS (Street, city or Town	and an the date stated aba
1		ACTUAL SIGNATURE Coules	It Keign	M.D. 670/	Inte Cd	15al 512 /11
	77	NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	D CREWATORY	204 LOCATION (Cir. Inc.	
		REMOVAL (Specify) Burial 5/20/57	Lorraina P	ark Cem.	22d. LOCATION (City, town, Woodlawn, Woodlawn	orland
	23	FUNERAL DIRECTOR'S SIGNATURE	4 . Your - 120	eto 17 DATE 5	BY REGISTRAR 24b. REG	STRAR'S SIGNATURE
4		<i>i</i> /		ma,	7	, / w

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEIVED

BUREAU V. 2

1	MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18	04007
**************************************	5903 CERTIFICA	ATE OF DEATH Reg. Dist	1. No. 94
director	1. PLACE OF DEATH  1. COUNTY  BALTIMORE  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence a. STATE. b. COUNTY //	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FORT HOWARD  L DAYS	c CITY OR TOWN (If outside carporate limits, write RURAL and gr	ve nearest town)
72	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL	d. STREET ADDRESS  121 FELLS AVENUE	e IS RESIDENCE ON A FARM? YES NO D
and band	3 NAME OF First Middle	Lost 4. DATE Month	Doy Year
Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B	lost birthdoy) Months D	19 57 I YEAR IF UNDER 24 HRS. Doys Hours Min.
completely papers. Pa	MALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	0-27-90 66 yrs.	ZEN OF WHAT COUNTRY?
carban pap offer death.	CARPENTER WORK  13. FATHER'S NAME	NEW YORK STATE U.S	S.A.
physicial		ANNIE DAVIS  FORMANT Address	
ending pl lease rem thin 72 h		N. REC., VET. ADM. HOSP., FT. HO	
en plec	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CEREBRAL THROMBOS	SIS BASILAR ARTERY	INTERVAL BETWEEN ONSET AND DEATH 16 DAYS
d by the nit. The nny eve	Conditions, if any, which ) (b) ARTERIOSCLEROSIS	GENERALIZED	UNKNOWN
si per nd in c	gave rise to immediate code (a), stating the under- lying cause last.		
physicii as beer ial-fran aval, a	Hypertensive Arteriosclerotic Cardio		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
inding icate h he bur or rem		D. (Enter nature of injury in Part I or Part II of item 18.)	
or affers as large as	Haur a. m. While Not while fact	ACE OF INJURY (Home, farm, 20f. (City or town) (Catary, street, affice bldg., etc.)	ounty) (State)
Maker the ed for al, cres	21. I certify that Vattended the deceased from April 30		SPOODING TO RECEIVE
TOR: A	CONTRACTOR	ADDRESS (Street, city or lown, state)	e date stated above.  DATE SIGNED
olined by olined by olined by prid	PHYSICIAN'S ADMEN DOCOCT AND MEDICAL TO	VAH, Fort Howard, Maryland	5/4/57
FUNERAL DII Gge 3 should be register pr	NAME (Type) AFTERN DOCOSTAN, Pr. D.	R CREMATORY 22d. LOCATION (City, town, or county)	(State)
moy to Fun	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR HOLLYWOOD MEM.  23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		SEY
VS A15 (4) 15M 9/S\$	WM. COOK-BLIGHT INC., 6009 HARFORD RD., BL	ATIMORE DATE 5/7/57 Sale	or L. Farker
SHTPPEN	TO MC CRACKEN FUNERAL HOME INTOM N A	(SUITEDING DOTHER MELIADY N 7	

BUREAU V. S.

DECEIVED YAN.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH Baltimore a. COUNTY Md. Balto. o. STATE b. COUNTY MARYLAND Page 4 b. CITY OR TOWN III outside corporate limits, write RUZAL c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Arbundain georest town Arbutus 2 vrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) o. IS RES DENCE d. STREET ADDRESS director Rd. (820' Sulphur Spring 820 Sulphur Spring Road. ğ , <u>67</u> files. YES NO the registrar Middle Duzer NAME OF First DATE Louis Month DECEASED OF DEATH Paul Thomas May 1921 (Type or print) DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. retained 2 MALE WHITE less pirthdoy) Months Min. Days Hours WIDOWED [7] DIVORCED [ 2 yre. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND | BUSINESS OR DUSTRY 17. BIRTHPLACE State of foreign country) m 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and and 2e 14. MOTHER'S MAIDEN NAME 13. FATHER NAS HOY William Vinduzer Susanna Browning Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address File Gye Tra. Aumiata Vinduze PM3. permit. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary Thrombosis burial-transit DUE TO Conditions, if any, which alang gave rite to immediate couse shauld DUE TO (a), stating the underlying cause last. pending in 9 ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S PERFORMED? used YES 🖂 NO 177 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) e q writing the ward "; hief Medical Examir OR; Page 3 should b MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) DEPUTY MEDICAL EXAMINER: factory, street, affice bldg., etc.) While Not while 9. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsyn n. nspection w. Inquiry 7 and find that rerificate, which to the Chief M death resulted from: Natural couses Accident | | Suicide . Homicide", Undetermined cause ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER forwarded to t ASSISTANT MEDICAL EXAMINER Geo. S. M. Kieffer **EXAMINER'S** May 13 .. 05 NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS. A15ME(5) Ambrose Inc. 1328 Sulphur Spring Rd'. DATE O 5M 9/55

## RECEIVED

BUREAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.4000
	4852 CERTIFICATE OF DEATH Reg. Dist.	()4989 No. 7/
1.	PLACE OF DEATH  a. COUNTY  BALTO:  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of STAT	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest lowg)  WINDALE  H2 YES  DUNDALE  2	e nearest fawn)
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUCTION OR IN	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (NM) VOG-EL SR, DATE Month OF DEATH STILL	Day Year
5.	TO STATE OF THE PROPERTY OF TH	YEAR IF UNDER 24 HRS.  Bys Hours Min.
/ 10	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZE  Strang goal of working life, even if relired)	N OF WHAT COUNTRY?
13	FATHER'S NAME (UNK)	
اِلْمَا كِيْ	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Can Declare of service 2/6" 09-836/ Mary Can Vogel 5.	Ame
	18. CAUSE OF DEATH [Enter only one cause per link for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PROPERTY OF THE PR	INTERVAL BETWEEN
	Conditions, if any, which) by purple is M	5 ms.
	gove rise to immediate cause (a), stating the under- lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	(a) 19. WAS AUTOPSY PERFORMED? YES NO DE
CERTIFIE	20a. ACCIDENT WAS UNDERLYING ACCOUNTED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED theur a. ft.  P. m. 19 at work at work at work 19 at	only) (State)
	21. I certify that I attended the deceased from 5-10, 1951, to 5-12, 1951, that I last alive on 5-10, 1957, and that death occurred at 5-20 M, from the causes and on the	st saw the deceased
	ACTUAL SIGNATURE M.D. 2 Kins Ky	S- 3-5
1	PHYSICIAN'S JACK C COLLINS Balt 22 MD	
22	PO. BORIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Joyn, or county)	Mck. (Signe)
23	Lally Angle Bully Dudoly, Med Date 5/10/27 Him In	Makkel &
		1 1/2



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 $04990$	
	- ~	4869 CERTIFICATE OF DEATH Reg. Dist. No. 42	
director,	M)	1. PLACE OF DEATH O. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE MARYLAND  b. COUNTY  BALTIMORE	
georn.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  BALTIMORE  BALTIMORE	
by the	17	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  OR A STREET ADDRESS  ON A FARM YES NO.	 Far
24 nau		3. NAME OF DECEASED (Type or print) FRANK BARCUS WALLS DEATH MAY 16 195	一ク
letely fi		5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years of UNDER 1 YEAR IF UNDER 244)   Months   Days   Hours   Min   Months   Days   Hours   Min   Months   Days   Hours   Min   Months   Days   Months   Days   Min   Months   Days   Months   Days   Min   Months   Days   Months   Mon	
od camp in paper death.	T)	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  during most of working life, even if refired)  ALTO  MARY LIFA  (ISIA	ITRY
6		13. FATHER'S NAME CHARLES WALLS' FLIZ, BARCUS	
og physician remave car 72 haurs aft	.5)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT [Pas, no. or unknown]  [If yes, give wor or dates of services]  [216: 42-1500 Hamiltonian Walls: Carlot allowed the services]	/
attendir opeose within		18. CAUSE OF DEATH [Enter only one couse per line for ja), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (IMMEDIATE CAUSE (a)  (IMMEDIATE CAUSE (a)	I H
ted by the grmit. Ther		Conditions, if ony, which gove rise to immediate ON Affectionsine C. V. Desease Hypea	re
icion.		lying couse lost. (c)	
g physical particular properties and particular properties and particular par	0	PERFORMED? YES NO.	X
tificate by the p		OR CONTRIBUTING I CAUSE OF DEATH	
tal ar a this cer ar use a rematia		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while of work of wor	le)
e haspi t: After ched fo		21. I certify that I attended the deceased fram May 14, 1957, to May 16, 1957, that I last saw the deceased alive an May 16, and they death accurred at 1500, fram the causes and an the date stated about	
RECTOS be by the be well a	,	ACTUAL SIGNATURE SULLY F. Colaleau M.D. 4201 Wilkeus Creaue	
retaine RAL DII shauld		PHYSICIAN'S JOHN F. COOLAHAN Baltimore 29, Wid	, 1
may be poge 3 poge 3 the regi		27d. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or cobryly) (Stole)	== >,
VS A15 (4) 15M 9/55	Æ	23. FLETERAL DIRECTOR'S SIGNATURE ADDRESS HILLMAND DATE 5/20/57 DA. CR. ANNALLAND	
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 $04991$
w		5004 CERTIFICATE OF DEATH Reg. Dist. No. 37
Page director liled with	1. P	COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  STATE MARYLAND SOUNTY BALTIMORE
deoth deoth	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
by 15	d	NAME OF HOSPITAL (IP not in hospital, give street address) OR INSTITUTION OF WILLOW STATE HOSPITAL 346 Oberle AVE ON A FARM? YES [] NORT
124 have	D	AME OF First Middle Last 4. DATE Month Day Year RCEASED (FEORGE HENRY WHILTON DEATH MAY 3 195
d within	5. SI	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  MALE WIDOWED DIVORCED 9-12-1888 P. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS)  Manifes Day; Hours Min
nd comp nn paper death.	100.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)
oned by the hospital or attending physician by the death certificate be executed within 24 haurs after death, and by the hospital or attending physician and campletely filled in by the meral of the physician and campletely filled in by the physician and campletely filled in	13. F	WILLIAM WALTON 14 MOTHER'S MAIDEN NAME FLORENCE FULLER
ng phys	15. V {Yes,	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address  HOSPITAL Records, Mt. Wilson State Hospital
the attendi the attendi Then pleas vent within		PART I. DEATH WAS CAUSED BY. LUTED TIME (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY. LUTED TIME OF (a), (b), and (c).]  DUE TO  IMMEDIATE CAUSE (a) LUTED TIME OF (a), (b), and (c).]
equires the signed by it permit.		Conditions, if any, which gave rise to immediate cause (o), stoling the under- tying cause last to carrinoma of todereture (removed)
he law n physicia has been rial-trans naval, ar	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
tending inficate in the bu	CER	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE YOW INJURY OCCURRED (Enter nature of injury in Part II of item 18)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSII al ar al this cer r use as remation	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not white at work of work of work 19 to work 1
NDING e bospil s After ched fo	1 1	21. I certify that Lattended the deceased from 5 · 2 · 19.56, ta 5 · 3, 19.57 that Last saw the deceased alive an 5 · 3 · 19.57, and that death occurred at 674.52 M, from the causes and an the date stated above
RECTOR THE		ACTUAL SIGNATURE William Nuvermur M.D.  ADDRESS [Street, city or lown, state] DATE SIGNED
retaine RAL DII shauld stror pr		PHYSICIAN'S William Newcomer, M.D. Superintendent Mt. Wilson, Maryland
May be may be page 3 FunE the regi	220. [j	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Below, or county) (State) REMOVAL (Specify) 1774-7-57 Below mem. Indees Below - mills
VS A15 (4) 1SM 9/5S	23. [	June 1 DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATUR
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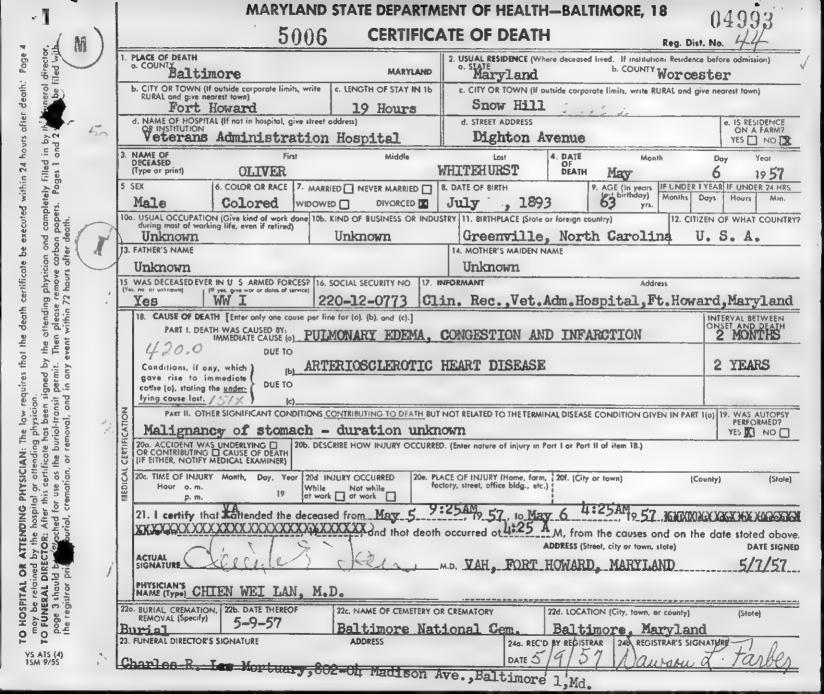
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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例			500E	DICA	L EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dist. I	499	¥ 4
	1.	PLACE OF DEATH	Baltimore				2. USUAL RESIDENCE	(Where decease	ed lived. If Institu	/		ission)
	-	L CITY OF TOWN	Dot T UTINOL 6		c. LENGTH OF STAY		Mary	land		Balti		
		and give nearest tow	n)		C. LENGTH OF STATE	IN ID	c. CITY OR TOWN			KURAL and give	nearest 10	wn}
The state of the s			larewood Par		nital give street address		d. STREET ADDRESS	River	Beach		a is p	ESIDENCE
3.4					prior, give sirest pooles.	,	i	Birdale	Ave.			A FARM?
		NAME OF DECEASED	Fire		Middle		Lost	4. DATE	Month	Do	y 1	Year
		(Type or print)	Patric		Faye		hite	DEATH	May	6.		1957
	5.	SEX	6. COLOR OR RACE		D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years fast birthday)	Months Days		ER 24 HRS
3. 5. 130 PER PRODUCTION NEDICAL CENTIFICATION NEDICAL CENTIFICATI		Female	White	WIDOWED		146	pril 11, 19		3 уп.	monnis Days	Hours	Min.
	100	<ol> <li>USUAL OCCUPATE during most of working</li> </ol>	ON (Give kind of work on the control)	ione 10b. K	IND OF BUSINESS OR I	NDUSTI	RY 11. BIRTHPLACE (Stot	e or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY
F.		None					Havre De	Grace,	Md.	U.S.	A.	
~ /	<b>/</b> 13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Willi		hite				irginia	Griffi	n		
		L no. or Unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of s	(CES?   16, ! ervice)	SOCIAL SECURITY NO.		IFORMANT		Address			
		No			None	Mr	s. Virginia	Fitch	333 Bir	dale Av	e. 20	00
			ATH [Enter only one cau	ie per lipe		4				INI OI	TERVAL BETWI	EEN ATH
		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	4	JROW,	VII	<u>y G</u>			-		
		429.8	DUE TO									
		Conditions, if o										
		gove rise to imme (o), stoting the										
		couse lost.	(c).									
	ğ	PART II, OTI	HER SIGNIFICANT COND	DITIONS CO	INTR BUTING TO DEATH	BUTN	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART I(o)	19. WAS	AUTOPSY RMED?
	\ V V				NONV						YES 🗌	NO IT
	SET IF	200. EXTERNAL CA	NIKIBUTING LE	DESCRIBE	HOW INJURY OCCUR	RED. (Er	nter noture of injury in Po	ort For Port II	of item 18.)			,
		CAUSE OF DEATH.		VVITI	-Ked In	10	Reedis	Nes	R WAS	axs edg		-
p 2.7	000	20c, TIME OF INJU	RY Month, Day, Yeo	20d, 1	NJURY OCCURRED 20	o. PLAC	F OF INJURY (Home, for	m, 20f. (City	or town)	(County)	1	(Stote)
	¥.	1130	1)16 18	ot wo	rk ot work	4	nore-	1/01/	V /Gor /	Jens- 6	Lacor.	KU
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		deoth resulted	from: Noturol	ouses [	, Accident	Suic	ide 🔲, Homicid	e 🔲, Ur	determined c	ouse 🔲.		
			ma	~							DATE S	E HILLIANDS
e Pa		ACTUAL SIGNATURE	1110	5	ars-	_	_M.D. CHIEF MEDICAL E	EXAMINER [			20	'AND
* *		I.S.A. SHOWING	MBT		. 10	~	ASSISTANT MEDI	CAL EXAMINE		~	-0	17
		NAME (Typu)	11.19.	IAVI	5 111		DEPUTY MEDICAL	EXAMINER 📆	1	_		
	220	BURIAL, CREMATIC REMOVAL (Specify		F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCAT	ION (City, town, o	r county)	(Stol	0}
	_	Burial	May 9, 1	957	Chestnut	H	111	Chest	nut Hill		ord &	o. Md
J. 14	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	10	A BYREG	D BY REGISTI	AR 24b. REGIS	TRAR'S SIGNAT	URE	2
1. 12 15 10 12 15 10 10 10 10 10 10 10 10 10 10 10 10 10	da	MADENIA	uneralato	ne	7401 13	Pal	L STY DATE	P 0 13!	14 60	with 1	Turle	den
												7-100

SECELVED TAN

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 5008 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Baltimore b. COUNTY MARYLAND Maryland c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest lown Baltimore Fort Howard, Maryland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3908 Tenth Street Veterans Administration Hospital YES NO [2] NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH OHARDY WITTIJ AMS May (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TH NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS P. AGE (In years Months Dovs Hours Male White DIVORCED T February 5. WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 18b KIND OF BUSINESS OF INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? U. S. Government U.S.A. Supervisor Perry, Iowa 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles E. Milliams Lvdia Bell 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Clin. Rec. Vet. Adm. Hospital, Ft. Howard, Md. Yes Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY MALIGNANT FOLLICULAR LYMPHOBLASTOMA IMMEDIATE CAUSE (6) 202.0 DUE TO Conditions, if ony, which ! gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19 WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I) or Port II of item 18 ) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, affice bldg, etc.) Hour o.m. Not while at work of work . 1957 to May 18 21. I certify that VAttended the deceased from May 13 elive of paragraphic consequents and that death accurred at 11:10P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED **ACTUAL** SIGNATURE FUNERAL DIR PHYSICIAN'S 5/19/5 VAH. Fort Howard, Maryland NAME (Type) GEORGE C. GODFREY 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stota) REMOVAL (Specify) 5-22-57 Arlington National Arlington, Va. Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Cook Inc. St. Paul & Preston Sts. Balto



DICAL EXAMINER'S CERTIFICATE OF DEATH is necessary, please exe-ector. Page 4 shayld be Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n/1 UE eloy is nece I director. files. or prior d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 3. **First** Middle 4. DATE Month Year DECEASED (Type or print) DEATH 501 19 5. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Days Min Hours WIDOWED [ DIVORCED [ 3 10 4. yn. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? oud moy es l c 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, age 5 mo pages HORNE Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO. 20g EXTERNAL CAUSE WAS
PRIMARY DO TONTRIBUTING D
CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Efter nature of injury in Part Tor Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PUACE OF INJURY (Hame, form, (County) (State) actory, street, affice bldg., etc.) Not white DILELAND AVEp. m. 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 7 and find that ين و<del>ر</del> death resulted from: Natural causes [ Suicide 1 Homicide Undetermined cause **ACTUAL** SIGNATURE EATE SIGNED CHIEF MEDICAL EXAMINER DO forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER aval DEPUTY EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220, BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 -195 REMOLAL 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S S GNATURE V5. A15ME(5) 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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VS A15 (4) 15M 9/S5

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5010 CERTIFICATE OF DEATH

Reg. DistONA 997

1. PLACE OF DEATH a. COUNTY Ball	Lto.		MARYI	LAND	2. USUAL RESIDER o. STATE Md.	•	era deceased	lived. If instituti b. COUNTY			e admissian	)
b. CITY OR TOWN (I	foutside corporate lim arest fown) PO 4	its, write	c. LENGTH OF STAY	IN 15		wà (If o		ite limits, write R	WRAL and	give near	rest tawn)	-
d. NAME OF HOSPIT OR INSTITUTION	Al (If not in hospital, 999 Rappai				d. STREET ADD		paix Co	urt	1	•	ON A FA	ARM?
3. NAME OF (Type or print)		RTON	Middle ROWE		WILSON	<del></del>	4. DATE OF DEATH			14,		-
5. SEX male	6. COLOR OR RACE	7. MARR	ED DIVORCED		June 20	189		AGE (In years lost birthday)	IF UNDER Months	1 YEAR Days	Hours	24 HRS. Min.
100 USUAL OCCUPATIO	ON (Give kind of work	done 10b.	-	R INDUST	RY 11 BIRTHPLAC				12. CiT	IZEN OF	F WHAT CO	DUNTRY?
13. FATHER'S NAME Edgerton G.	Wilson				14. MOTHER'S M.		AME Winds	0.32				
IS. WAS DECEASED EVE			SOCIAL SECURITY NO.		FORMANT			Add		aix	Court	
PART I. DEA  154  Canditions, if all gave rise to it cotts (a), stating lying couse last.  PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  Ty, which mediate the under-	DITIONS C	CONTRIBUTING TO DEA	R C		HE TERMIN	NAL DISEASE		/EN IN PAR	ONSI	D. WAS AU	TOPSY
	MEDICAV EXAMINERS. Y Month, Day, Ye	or 20d. If While of wor	Not while	20e. PLA:	CE OF INJURY (Hoory, street, office bi	me, form, ldg., etc.	20f. (City o	or town)	Month Doy May Ili, In years If UNDER 1 YEAR IF UNDER Hours White years It Country  Address  909 Rappaix Cour INTERVAL BE ONSET AND ONSET		(State)	
alive an N	at attended the	deceas , 12-5	~	death	accurred of B				nd an fl		e stated	
PHYSICIAN'S NAME (Type)	A.S. C1	+ 141	FANT		13	A	47/17	1015/17	· M	4		
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	5/17/5	7	22c. NAME OF CEME	_			22d LOCATH		or county)	Md.	(Stote)	
23. FUNERAL DIRECTOR	S SIGNATURE	+ Y.	Sous- No	ida	,7 U/A 2	46. REC'C ATE 🗷	BY REGISTR	7 246. REGI	STRAR'S SIG		au	
1)						7	7			/	1 ti	,





1.	1-			MARYL	AND ST	ATE DEPART	MENT OF	HEALTH	-BALTI	MORE, 1	8		
TO FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director.  The registrar prior orial, cremation, ar remaral, and in any event within 72 hour after death.	777			591	11	CERTIFIC	ATE OF	DEATH	1		Reg. Dist. N	04998	3
lirecta ed wit		1	PLACE OF DEATH	Baltimore		MARYLAND	O. STATE	MARVIA		ved. If institution b. COUNTY	Paltim		
be fel			b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write c. LE					limits, write R	URAL ond give		
The same of the sa		-	d. NAME OF HOSPIT	SVIILE AL (If not in hospital, gr	ve street oddre		d. STREET		onsvill	е		. IS RESIDEN	ZE.
nd 2	* }		OR INSTITUTION	1500 Sum	mit Ave	•	/ :	1500 S	ummit A	ve.		ON A FARA	
illed in		1	NAME OF DECEASED (Type or print)	First Arthu		Middle Riggs	Wood	d d	4. DATE OF DEATH	Mon	h May	17, 19 5	7
Pag		5. :	Male			NEVER MARRIED	B. DATE OF BIRT			AGE (In years last birthday)		AR IF UNDER 24	HR:
omple opers.	,	100	USUAL OCCUPATIO		one 10b. KIND		Dec. 10			TD yrs. try)	12. CITIZEN	OF WHAT COU	NT
and a	3/		Teating Con			Employed	Me 14. MOTHER	arylan			U.	S. A.	
sicion a s	1)			Charles J.	Wood				eleta R	iggs			
g phy remov	1			R IN U. S. ARMED FORCE of yes, give wor or doles of se	feeten	1001 70	INFORMANT rs. Elsie	hoodi e	7,500 9	Addr		28, Md. onsville	
attendin n please				TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line for		cheron	- NOOU	1)00 0	CHILLE A	10	SET AND DEAT	N
signed in per			4-20, Conditions, if all gove rise to it cause (a), stating lying cause lost.	DUE TO  ny, which (b) nmediate (b)	aite	ioschetu	condi	crase	ulan B	near		menth	-
has been urial-trons maval, a	0	FICATION	260× D	aboter n	MARYLAND  mits, write c. LENGTH OF STAY IN 1b  50 yrs.  give street oddress)  mmit Ave.  First Middle  Riggs  E 7. MARRIED NEVER MARRIED B. E  WIDOWED DIVORCED II  k done 10b. KIND OF BUSINESS OR INDUSTRY  ed) Self Employed  NOOD  ORCES? 16. SOCIAL SECURITY NO 17. INFO  17. INFO  18. SOCIAL SECURITY NO 17. INFO  18. SOCIAL SECURITY NO 17. INFO  18. SOCIAL SECURITY NO 17. INFO  19. SOCIAL SECURITY NO 17. INFO  10. SOCIAL SECUR					EN IN PART 1(o)	19. WAS AUTO PERFORMED YES NO	?	
ficate the by ar re		J. NAAN DEC (Typ 5. SEX 100 US 13. FAT 15. WAA (Yes, no. 120 C) (IF 120 C) (I	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCUR	IED. (Enter noture (	of injury in f	art t or Part II	of item 18.)			
this certi ir use as rematian	page 3 should be go, sched far use as the burial-fransi permit. Then please remove capon papers. rages the registrar prior urial, cremation, ar remaval, and in any event within 72 hours after death.	MEDICAL	20c. TIME OF INJUR Hour a. p. p. m.	Y Manth, Day, Yea 19	While	Not while	PLACE OF INJURY octory, street, office	(Home, farm ce bldg., etc.	20f. (City or	fownj	(Count	y) (S	ale
CTOR: After			21. I certify the alive on 1/2	at I attended the	deceased fr		h occurred at	18.45	M, fram I	he causes a	nd on the c	saw the dece late stated al	ba
RAL DIRE should be strar prior	. /		PHYSICIAN'S NAME (Type)	OHN A.N	ESBI	TT, JR.	M.D. 211	alti	- rang	2, hrs	uylan	1	-
FUNE age 3	•	220	BURIAL CREMATIO REMOVAL (Specify) Burial	5/20/195						N (City. town. o		(Stote)	
Ě	14	23.	FUNERAL DIRECTOR			ADDRESS			BY REGISTRAL		TRAR'S SIGNAT	URE	_
A 9/55	1		10 ALS II	m/ Stor	w	Catonsvill	e, Md.	DATE WIF	Y 2 1 '57	Tul-	esuch		pineting of



BUREAU V. E.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
NA.	1	5912 CERTIFICATE OF DEATH  Reg. Dist, No. 27
be / 181	D	PLACE OF DEATH a. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE  A CE TAND  O COUNTY
8.≱	H	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
2	L	RURAL - ROCKDALE 18 MONTAS BALTO, Kockdale
2 /17		d. NAME OF HOSPITAL (IP not in hospital, give street address) OR INSTITUTION 3.402 FORMULA OF HOSPITAL (IP not in hospital, give street address) ON A FARM? YES \( \sum \) NO \( \sum \)
5 - Sec.	L	NAME OF DECEASED Lost Lost A. DATE Month Day Year OF DECEASED LOST VOPPMAN DEATH 5 /4 1957
ž.	5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthday)  WIDOWED  DIVORCED  DIVORCED  B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthday)  52 yrs  Manths  Days Haurs Min.
ad di	10c	L. USJAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY OF CO
	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
a offer a		BEORGE WOPPMAN AMELIA KENDALL
haurs after	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 3402 "TO ANN D
in 72	-	10 - KIG-04-997KWITE - LOUISE WOPFMAN - BALTOIT, M
with		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  BRONG HIORENIC CARCENOWA IF LUNG.  ONSET AND DEATH  ON ONTA
The		IMMEDIATE CAUSE (a) ONO NO HIO GENTE CAIRCENOUVE PLUI GO HONTH
any.		Canditions, if any, which (b)
in in		Cottse (a), stating the <u>under-</u>   Sying couse lost.
, an	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
Java )	CATION	PERFORMED? YES NO
the bu	CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
emation	MIIICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m.  p. m.  19  20d. INJURY OCCURRED View PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote)  foctory, street, affice bldg., etc.)
od de Ge		21. I certify that I attended the deceased from AVEUST, 1956, to MAY 14, 1857, that I last saw the decease
uric		alive an
prior /		ACTUAL SIGNATURE SLUTA HEISTONS) M.D. 8204 6 BEPTY PAJBALTO 7 5/14
should stror p	L	PHYSICIAN'S EDWIN L. PIERPONT, 40 8204 LIBERTY Rd. BALTO. 7.4d
page 3	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State)
9 <del>-</del>	23	EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. PRED BY REGISTRAR'S SIGNATURE
(4) × .	-	Foring Byen 5005 Pk / Tality are DATE 3/31/57 Nr non C. martin
š		Batto 15 md.

TEN VIEW

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TOBI VIEW.

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1	12.	1.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05001
/	1		4851 CERTIFICATE OF DEATH	Gar.
Prase 4	4	1.	PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution, Resident of STATE White Letter of b. COUNTY)	te before admission)
death.		Γ	RURAL office give nearest town)	ive nearest town)
by the f			d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1819 Marie AT	e. IS RESIDENCE ON A FARM? YES NO
24 har		3.	NAME OF DECEASED TERE IN FIRM H - B-WRIGHTSON 4. DATE OF DEATH WELLS	Doy Year H 1957
s Page		5.	CERTIFICATE OF DEATH  Reg. Dist. No.  OF DEATH  MARYLAND  OF DEATH  MARYLAND  OF STATE IN  MARYLAND  OF STATE OF DEATH  MARYLAND  OF STATE OF TOWN of pointed everyorise limits, write c. LENGTH OF STAY IN ID  OF STATE OF STAY IN ID  OF STATE OF TOWN of pointed everyorise limits, write c. LENGTH OF STAY IN ID  OF STATE OF STAY IN ID  OF STATE OF STAY IN ID  OF STAY IN IN ID  OF STAY IN ID  OF STAY IN ID  OF STAY IN ID  OF STAY IN IN ID  OF STAY IN IN IN IN ID  OF STAY IN IN IN IN IN ID  OF STAY IN	
rifficate be executed physicion and complement corbon papers they offer death.	1	10c	during mast of working life yeven if retired)	IZEN OF WHAT COUNTRY?
T 12 2		13.		
n certificating physics remarks	$I_{\cdot}$	15	s, no, or unknown)   Iff yes, give year or dotes of service)	Relace no
attendir n please			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  AND TORIC MUSE-Card, to - Clarde co factore	INTERVAL BETWEEN ONSET AND DEATH
that the by the it. Their			422.1 DUE TO 1276712 -A7 COREN:	1946
equires and. signed it perm			gove rise to immediate	
physicio os been al-trans oval, ar	7	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
EAN: The ending ficote has the burn or rem		CERTIFIC	206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC al or off his certi use as smation,		MEDICAL	Hour a. m. While Not while factory, street, office bldg., etc.)	County) (Slate)
After fi hed far uriol, cre			10/50	
by the ECTOR			ADDRESS (Street, city or town, stote)	DATE SIGNED
TAL OR retoined AL DIRE should be strong pring	1		BHYSICIAN'S 111 / C.P.	-27 hd
HOSPI moy be FUNER Sage 3 :		220	BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Way 7/57 Loudon Park Bull Di	(Stote)
VS A1S (4)	T.E.	23	of the offers of	Son F. U.
	1,34			11-6

BUREAU V. S.

SAN 7 1957

SAN 7 1957

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
188	Ì	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	1,	PLACE OF DEATH  COUNTY  Ballo  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE  B. COUNTY  Frankling
	Ŀ	c. CITY OR TOWN If outside corporate Finite, write RURAL and give recorest town) and give recorest town  Destriction  The start of the
de s	•	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Dr. M. E. Stratus Effice  3. STREET ADDRESS  ON A FARM?  YES \( \sigma \)  VES \( \sigma \)  NO \( \sigma \)
		NAME OF DECEASED LOST 4. DATE Month Day Year DECEASED LINN YAUKEY DEATH TOTAL 22 1957
_	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Male Ninte widowed Divorced Zec 3 56  P. AGE (In years VIFUNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
3. NAA 3.	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?  What Country the country of working life, even if retired)  What Country the country of the country	
	13.	R. Lan zanken marilyn Divers
0		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  10. or unknown) (If yes, give wor or dates of service)  11. Ruth 24 arm (My) - 544 Wayns are.
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, If any, which gove rise to immediate cause (a), stoling the underlying couse last.  (c)
TO THE PROPERTY OF THE PROPERT	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sigma \) NO \( \sigma \)
	AL CERTIF	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  206. TIME OF INJURY Month, Day, Year 206. INJURY OCCURRED 206. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote)
	MEDIC	Hour o. m. Nork. 19 While No! while foctory, street, office bldg., etc.) 20001
		21. 1 certify that I took charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [X], and find that death resulted fram: Natural causes [X], Accident [], Suicide [], Hamicide [], Undetermined cause [].
-		ACTUAL SIGNATURE LIVE Cape Cos M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
a	00	EXAMINER'S D. D. CAPLES, M. D. DEPUTY MEDICAL EXAMINER 5-22-57
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Way 25/57 Liveoln Cemetry Chambershare Pa.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 22c. NAME OF CEMETERY OR CREMATORY  Chambershare Pa.  ADDRESS 22c. NAME OF CEMETERY OR CREMATORY  CHAMBER PA.  ADDRESS 22c. NAME OF CEMETERY OR CREMATORY  CHAMBER PA.  ADDRESS 22c. NAME OF CEMETERY OR
	ZJ.	Filene Ams Rustustons Md. DATE 5-122-57 Mary G. This
	(	· · · · · · ·

TEOL LASK. S.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

05003

5915 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Baltimore **b.** COUNTY MARYLAND Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville 2vrlmth19dvs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING GROVE 447 Whitfield Road STATE HOSPITAL YES NO T NAME OF First 4. DATE Middle Month Year Day DECEASED OF DEATH (Type or print) May Virginia Abramo Zanti 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours female DIVORCED | April 20, 1892 white WIDOWED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Italv Italy unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Records: SPRING GROVE STATE HOSFITAL 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** casse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🔯 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) o. m. Not while o. m. at wark at work 21. I certify that I attended the deceased from March 16 . 19.54. 10 May 1957 that I last saw the deceased ., 19.57\_\_\_, and that death occurred at 6:00 & M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE SPRING GROVE STATE Catonsville 28. Maryland Stella Wachsler, M. D. NAME (Type) 220 BURIAL, CREMATION, 225, DATE THEREOS 22c. NAME OF CEMETERY OR CREMATORS 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR AND. REGISTRAR'S SIGNATURE 2 2 DMUNDSON AVE DATE

director filed f haurs after death. uneral carban physicion remove A hours offending death ā permit. and burial-transit ached ERAL DIRECTOR: ) ď HOSPITAL Page 3 sh VS A15 [4]

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Ten: :

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VS A15 (4) 15M 9/55 M

05004

5916 CERTIFICATE OF DEATH

Rea.	Dist.	No.	

1. 8	LACE OF DEATH	Balto		MARYLA	- 11	USUAL RESIDENCE (WHO o. STATE Md.	nera deceased				dmission)		
T	RURAL and give no	earest town)	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Ľ	A. NAME OF HOSPIT OR INSTITUTION	Dalto.  MARYLAND  O. STATE  Md.  C. COUNTY  Ba outhide corporole limits, write  C. LENGTH OF STAY IN 1b  DIVERTITION  11 JYPS.  d. STREET ADDRESS  Stella Maris Hospice  First  First  Middle  Filam M	****	1 0	e. IS RESIDENCE ON A FARM? YES NO P								
3. 1	NAME OF DECEASED Type or print)			Middle	Za		4. DATE OF DEATH			Doy 3	Year 19 57		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necretal town)  Timonium  A NAME OF HOSPITAL (If not in hospitol, give street address)  OR INSTITUTION  Stella Maris Hospice  3. NAME OF Stella Maris Hospice  3. NAME OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country)  It would work go the series of the state o	last birthdoy) 72 yrs	Months											
10a.			done 10b.	KIND OF BUSINESS OR I	NDUSTRY			ountry)	12. CI1				
13.	FATHER'S NAME	Peter Ago	stini	L	1			i					
15. {Yes,	WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give wor or dates of s	arrismi5				comio	_		dere	Ave.		
	PART I. DEA  4.20.  Conditions, if a gove rise to i cause (a), stating lying couse lost.  PART II. OTH  4.42  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Iny, which the under:  IN THE SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH  MEDICAL EXAMINER)	DITIONS C	Mykeri Re CONTRIBUTING TO DEATH					9	T 1(0) 19. y	DEATH  DEATH  DEATH  NAS AUTOPSY ERPORMED?		
D. COUNTY Balto.  MARYLAND  D. COUNTY Balto.  D. COUNTY Balto.  D. COUNTY (If carbide corporate limits, write Balto.  C. COUNTY (If carbide corporate limits, write Balto.)  TIMOTION  TIMOTION  TIMOTION  A NAME OF MARYLAND  STEPHIC  A NAME OF MARYLAND  STEPHIC  A NAME OF MARYLAND  STEPHIC  A STREET ADDRESS  SER													
RUPLAL and give incested loved  Timonium  d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION  Stella Maris Hospice  3. NAME OF HOSPITAL (If not in hospitol, give street address) OR NATIONIUM  3. NAME OF HOSPITAL (If not in hospitol, give street address) OR NATIONIUM  3. NAME OF BITT  FIT  Notice  FIT  N													
L	REMOVAL (Specify)	5/6/57	305 i	Holy Rea	leeme	er (em. 240. REC'I	B	altimor	e, Mi		' /		

CEL TRICATE OF DIATH

MAJORA TACHE

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BUREAU K. A.

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## CERTIFICATE OF DEATH

05005

								Reg. Dist.	, No.			
1. PLACE OF DEATH o. COUNTY	Baltimore		2. USUAL RESIDENCE (Where decreased lived. If institution: Residue. STATE b. COUNTY Maryland Baltir							dmission)	)	
RURAL and give	(If outside carporate limi nearest town)	ls, write	c. LENGTH OF STAY I	N 1b	C. Citi on total (il cossos carporale inins, with konne and					nd give nearest town}		
Granif			<u> </u>		Granite	1	\ D-					
OR INSTITUTION	PITAL (If not in hospital, g N	ive sireer	oddress)		d. STREET ADDRESS					RESIDE		
	Davis Ave				Davis Av	e.			YE	S N	10 🛚	
B. NAME OF DECEASED	Fir	st .	Middle		Last	4. DATE OF	Mont	h	Day	Yea	r	
(Type or print)	LILL	Œ	MA	7	ZEPP	DEATH	May		26	19	57	
s. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		. DATE OF BIRTH	1	AGE (In years	IF UNDER 1		UNDER 2	24 HRS	
Female	White	WIDOW	ED DIVORCED		January 27,	1881	76 yrs.	Months D	Rays He	DUFS	Min.	
Da. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (State	or foreign co	intry)	12. CITIZ	EN OF W	/HAT CC	DUNTR	
At ho	orking life, even if retired	,			Grays, M	farulai	h	TTS	SA			
3. FATHER'S NAME	71110				14. MOTHER'S MAIDEN N		.14	0.	722			
TIT	nknown				Unknown							
	VER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	17 19	FORMANT		Addre					
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice]	DOCINE SECORITI NO.						-			
No			****	G	eorge H. Ze	pp - 7	16 Chape	el Gat	e La	ne		
	EATH [Enter only one co	use per li	ne for (a), (b), and (c).]						INTERVA ONSET	AL BETW		
PART 1. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1/6	LMONORY 1	DEN	1/19				OINSET !	A140 00		
11314	DUE TO										1	
Conditions, if	any, which )	. A	CUTE CARRIE	ac i	FAILURE.				an	wet.	Car	
gave rise to	immediate (	,	- CPIN BIT		777 - 477 - 4211			_	11000	200//	2.16	
cosse (a), static	ig the under-											
-	- 10		CONTRIBUTING TO DEA	TH RUT I	NOT RELATED TO THE TERMI	NIAL DISEASE	COMPLETION CIVI	Chi Ihr DADY	1/-1/10 V	VAC ALIT	CPCV	
NO PART II. C	MILK SIGNIFICACIT CON	DITIONS 5	CONTRIBUTION TO DEA	TET DUT I	NOT REDATED TO THE TERMI	INAL DISEASE	CONDITION GIVE	EN IN FAKI	P	ERFORM	ED?	
5		001 000							YE	5 N	10 13	
O HIF EITHER, NOTI	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER	205. DES	CRIBE HOW INJURY OC	CURRED	). (Enter nature of injury in I	Part I ar Part	II of item IB.)					
20c. TIME OF INJ	10	While	NJURY OCCURRED  Not while at work	20e. PLA fact	CE OF INJURY IHome, form tory, street, office bldg., etc.	20f. (City (	ar town)	(Co	uniy)		(State	
21 Leavis	that I attended the	decease	ad from Day 2	9	. 19.5 Z. to	Mank	1957	Abot I Io		Alea ola		
alive an	May 12	10.5	7	d (l.	accurred at 8:00 h	1						
dive du	111/11/11		, and that	aeam			the causes at set, city of town, a		date s	lated DATE		
ACTUAL .	Blin lot 1	1//	10.00/119	1	12	The state of the s	I I I	/ /	1100		SIGN	
SIGNATURE	year Colle	W.	elver wy	A	A.D	nual	Charles	12	110	2		
PHYSICIAN'S NAME (Type)	HAROLD 1	4.6	VENBERG	31	Ma				1	May ?	271	
22g. BURIAL, CREMAT		)F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCATI	ON (City, Iown, a	r county)		(State)		
REMOVAL (Speci Burial	5/29/19!	57	Granite F	res	byterian Cer	m. (	Granite,	Mary				
23. FUNTERAL DIRECTO	OR'S SIGNATURE		DORESS		245 REC"	D BY REGISTR		TRAMS SIGN		4		
ET I CWOT	RTH ARMA	mal		n and	Ave. MAN	06150	57 W	Man	4	M.	1	
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be received for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior frial, cremation, ar remaval, and in any event within 72 hours offer death. TO HOSPITAL OR

funeral director,

BUREAU V. &

NAME OF TAXABLE

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